

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

12/02/2014

Document Number:

400744185

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 96850 Contact Person: wc wilson
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 618-6433
Address: 1001 17TH STREET - SUITE #1200 Fax: ()
City: DENVER State: CO Zip: 80202 Email: w.wilson@wpxenergy.com
API #: 05 - 045 - 22502 - 00 Facility ID: _____ Location ID: _____
Facility Name: WPX GM 533-28 ☐ Submit By Other Operator
Sec: 28 Twp: 6S Range: 96W QtrQtr: NESW Lat: 39.492054 Long: -108.114694

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 12/02/2014 Time: 19:00 (HH:MM)

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: wc wilson Email: w.wilson@wpxenergy.com
Signature: _____ Title: _____ Date: 12/02/2014