

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:  
**12/15/2014**

Document Number:  
**400752532**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 96850 Contact Person: Kyle Kohl  
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 250-7593  
Address: 1001 17TH STREET - SUITE #1200 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: kyle.kohl@wpxenergy.com

API #: 05 - 045 - 22492 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: WPX GM 513-33  Submit By Other Operator  
Sec: 33 Twp: 6S Range: 96W QtrQtr: NWSW Lat: 39.479629 Long: -108.118519

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 12/19/2014 Time: 07:00 (HH:MM) Anticipated Date of flowback: 12/19/2014

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: Kyle Kohl Email: kyle.kohl@wpxenergy.com  
Signature: Kyle Kohl Title: Completions Supervisor Date: 12/15/2014