

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:

01/16/2015

Document Number:

400773135

**NOTICE OF NOTIFICATION**

**Entity Information**

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

  

API #: <u>05 - 045 - 22462 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>GM 411-12</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>12</u> Twp: <u>7S</u> Range: <u>96W</u> QtrQtr: <u>NENW</u>	Lat: <u>39.456436</u>	Long: <u>-108.061531</u>

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

Date of Treatment: <u>01/19/2015</u>	Time: <u>07:00</u> (HH:MM)	Anticipated Date of flowback: <u>01/19/2015</u>
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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: <u>Kyle Kohl</u>	Email: <u>kyle.kohl@wpxenergy.com</u>
Signature: <u>Kyle Kohl</u>	Title: <u>Completions Supervisor</u> Date: <u>01/16/2015</u>