

FORM
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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:
02/07/2014
Document Number:
400552440

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 96850 Contact Person: wc wilson
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (719) 868-2703
Address: 1001 17TH STREET - SUITE #1200 Fax: ()
City: DENVER State: CO Zip: 80202 Email: w.wilson@wpxenergy.com
API #: 05 - 045 - 21984 - 00 Facility ID: _____ Location ID: _____
Facility Name: Savage RWF 414-25
Sec: 25 Twp: 6S Range: 94W QtrQtr: NESW Lat: 39.493908 Long: -107.837882

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 02/07/2014 Time: 21:30 (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: consultant Date: 02/07/2014