

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:
07/23/2014

Document Number:
400649865

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 96850 Contact Person: Scott Geary
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: william.geary@wpxenergy.com
API #: 05 - 045 - 22217 - 00 Facility ID: _____ Location ID: _____
Facility Name: State of Colorado KP 32-9 Replug By Other Operator
Sec: 9 Twp: 6S Range: 91W QtrQtr: SWNE Lat: 39.543240 Long: -107.558326

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 07/25/2014 Time: 04:00 (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: Scott Geary Email: william.geary@wpxenergy.com
Signature: Scott Geary Title: Consultant Date: 07/23/2014