

State of Colorado
Oil and Gas Conservation Commission

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



received 01/04/2012
Facility 280415
Document 200340571

SOURCE OF PRODUCED WATER FOR DISPOSAL

This form must be completed for any new disposal site and for any change in sources of produced water for an existing disposal site.

**Complete the
Attachment Checklist**

OGCC Operator Number: <u>10084</u>	Contact Name and Telephone: <u>David Castro</u>
Name of Operator: <u>Pioneer Natural Resources USA, Inc.</u>	No: <u>303-298-8100</u>
Address: <u>1401 17th Street, Suite 1200</u>	Fax: <u>303-298-7800</u>
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>	

Oper	OGCC
Chemical Analysis of fluid	

OGCC Disposal Facility Number: <u>280415</u>
Operator's Disposal Facility Name: <u>Trimax 44-23 pit</u> Operator's Disposal Facility Number: _____
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESE, Sec. 23, T32S, R66W, 6th P.M.</u>
Address: _____
City: _____ State: <u>CO</u> Zip: _____ County: <u>Las Animas</u>

If more space is required,
attach additional sheet.

Add Source: OGCC Lease No: _____ API No: 05-071-09834 Well Name & No: Trimax 44-23 Tr
☒ Operator Name: Pioneer Natural Resources USA, Inc. Operator No: 10084
Delete Source: Location: QtrQtr: SESE Section: 23 Township: 32S Range: 66W Producing Formation: Raton
☐ Analysis Attached? ☒ Yes ☐ No Transported to disposal site via: ☒ Pipeline ☐ Truck TDS: 1720 mg/L

Add Source: OGCC Lease No: _____ API No: _____ Well Name & No: _____
☐ Operator Name: _____ Operator No: _____
Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
☐ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS: _____

Add Source: OGCC Lease No: _____ API No: _____ Well Name & No: _____
☐ Operator Name: _____ Operator No: _____
Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
☐ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS: _____

Add Source: OGCC Lease No: _____ API No: _____ Well Name & No: _____
☐ Operator Name: _____ Operator No: _____
Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
☐ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS: _____

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☐ Operator Name: _____ Operator No: _____
Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
☐ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS: _____

Add Source: OGCC Lease No: _____ API No: _____ Well Name & No: _____
☐ Operator Name: _____ Operator No: _____
Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
☐ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: David Castro

Signed: David Castro

Title: Environmental Coordinator

Date: 1/4/12

Digitally signed by David Castro
DN: cn=David Castro, o=Pioneer Natural Resources
USA, Inc., ou, email=david.castro@pxd.com, c=US
Date: 2011.12.27 11:22:40 -0700

OGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY: