

FORM
4
Rev 12/05

State of Colorado

Oil and Gas Conservation Commission

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



SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

received 02/09/2012
Facility 427440
Document 200338696

1. OGCC Operator Number: 10084	4. Contact Name: David Castro	Complete the Attachment Checklist OP OGCC
2. Name of Operator: Pioneer Natural Resources USA, Inc.	Phone: 303-298-8100	
3. Address: 1401 17th Street, Suite 1200 City: Denver State: CO Zip: 80202	Fax: 303-298-7800	
5. API Number 05-	OGCC Facility ID Number 427440	Survey Plat
6. Well/Facility Name: Water Gathering system	7. Well/Facility Number	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):		Surface Eqpm Diagram
9. County: Las Animas	10. Field Name:	Technical Info Page
11. Federal, Indian or State Lease Number:		Other

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)							
Change of Surface Footage from Exterior Section Lines:	<table border="1"> <tr> <td></td> <td>FNL/FSL</td> <td>FEL/FWL</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		FNL/FSL	FEL/FWL			
	FNL/FSL	FEL/FWL					
Change of Surface Footage to Exterior Section Lines:	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>						
Change of Bottomhole Footage from Exterior Section Lines:	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>						
Change of Bottomhole Footage to Exterior Section Lines:	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>						
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer	attach directional survey						
Latitude	Distance to nearest property line						
Longitude	Distance to nearest bldg, public rd, utility or RR						
Ground Elevation	Distance to nearest lease line						
	Is location in a High Density Area (rule 603b)? Yes/No						
	Distance to nearest well same formation						
	Surface owner consultation date:						
GPS DATA:							
Date of Measurement	PDOP Reading Instrument Operator's Name						
<input type="checkbox"/> CHANGE SPACING UNIT							
Formation	Formation Code Spacing order number Unit Acreage Unit configuration						
<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached							
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual							
<input type="checkbox"/> CHANGE WELL NAME From: _____ To: _____ Effective Date: _____							
<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for inspection: _____							
<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT: _____							
<input type="checkbox"/> SPUD DATE: _____							
<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)							
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries Method used Cementing tool setting/perf depth Cement volume Cement top Cement bottom Date							
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. Final reclamation will commence on approximately _____ Final reclamation is completed and site is ready for inspection.							

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent Approximate Start Date: _____		<input type="checkbox"/> Report of Work Done Date Work Completed: _____	
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)			
<input type="checkbox"/> Intent to Recomplete (submit form 2) <input type="checkbox"/> Change Drilling Plans <input type="checkbox"/> Gross Interval Changed? <input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Request to Vent or Flare <input type="checkbox"/> Repair Well <input checked="" type="checkbox"/> Rule 502 variance requested <input type="checkbox"/> Other: _____	<input type="checkbox"/> E&P Waste Disposal <input type="checkbox"/> Beneficial Reuse of E&P Waste <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

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

Signed: **David Castro** Digitally signed by David Castro DN: cn=David Castro, o=Pioneer Natural Resources USA, Inc., ou=, email=David.Castro@pdx.com, c=US Date: 2012.02.09 10:43:37 -0700 Date: 2/9/12 Email: david.castro@pdx.com
Print Name: David Castro Castro Title: Environmental Coordinator

COGCC Approved: *Thomas Olsen* Title: *Det. Dir.* Date: 3/1/12
CONDITIONS OF APPROVAL, IF ANY:

see attached conditions of approval



Page 2

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 10084 API Number: _____
2. Name of Operator: Pioneer Natural Resources USA, Inc OGCC Facility ID # 427440
3. Well/Facility Name: Water Gathering System Well/Facility Number: _____
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS**

Pioneer Natural Resources USA, Inc. ("Pioneer") would like to submit this Form 4 Sundry to request a variance to COGCC Rule 1101(e)(1) in the Raton Basin. Pioneer submitted a document with a detailed explanation to Director David Neslin of the COGCC on July 15, 2011. A copy of that document is attached and submitted with this Form 4 Sundry.



DEPARTMENT OF NATURAL RESOURCES

John W. Hickenlooper, Governor

1120 Lincoln St. Suite 801

Denver, CO 80203

Phone: (303) 894-2100

FAX: (303) 894-2109

www.colorado.gov/cogcc

COA

1. The operator must supply GIS information in suitable format by April 30, 2012 regarding the current location of:
 - produced water flowlines and type of pipe used in each segment
 - monitor points
 - valve locations
 - booster pump locations (if any)
2. If the system is changed by addition of pipelines, booster pumps and monitor points (transducers) in any calendar year following the approval of the variance request then updated location information shall be provided to staff in GIS format by the end of February of the succeeding year as part of the brief annual report discussed in condition of approval 4 below.
3. By the end of 2012, when automated monitoring and shutdown procedures (through SCADA system) are implemented, a brief description of the mechanics of the system shall be included in the annual summary.
4. At the end of each calendar year following approval of the variance a brief letter summarizing improvements of the system (if any) will be provided to staff. This brief annual report shall summarize in tabular form any pipeline rupture related reportable spills with root cause analysis as well as why the spill was not prevented by the monitoring system.

