



DOCUMENT
#2224609

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.)

1. OGCC Operator Number: 10084 4. Contact Name: David Castro
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 05-071-09822 OGCC Facility ID Number 418504
6. Well/Facility Name: Icehouse 23-34 7. Well/Facility Number
8. Location (Qtr/Sec, Twp, Rng, Meridian): NESW, Sec. 34, T31S, R66W, 6th P.M.
9. County: Las Animas 10. Field Name:
11. Federal, Indian or State Lease Number:

Complete the Attachment Checklist

OP OGCC

Survey Plat		
Directional Survey		
Surface Eqpm Diagram		
Technical Info Page		X
Other		X

General Notice

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: [] FNL/FSL [] FEL/FWL
Change of Surface Footage to Exterior Section Lines: [] []
Change of Bottomhole Footage from Exterior Section Lines: [] []
Change of Bottomhole Footage to Exterior Section Lines: [] [] attach directional survey
Bottomhole location Qtr/Sec, Twp, Rng, Mer []
Latitude [] Distance to nearest property line [] Distance to nearest bldg, public rd, utility or RR []
Longitude [] Distance to nearest lease line [] Is location in a High Density Area (rule 603b)? Yes/No []
Ground Elevation [] Distance to nearest well same formation [] Surface owner consultation date: []
GPS DATA: Date of Measurement [] PDOP Reading [] Instrument Operator's Name []
CHANGE SPACING UNIT Formation [] Formation Code [] Spacing order number [] Unit Acreage [] Unit configuration []
Remove from surface bond Signed surface use agreement attached []
CHANGE OF OPERATOR (prior to drilling): Effective Date: [] Plugging Bond: [] Blanket [] Individual []
CHANGE WELL NAME NUMBER From: [] To: [] Effective Date: []
ABANDONED LOCATION: Was location ever built? [] Yes [] No Is site ready for inspection? [] Yes [] No Date Ready for Inspection: []
NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: [] Has Production Equipment been removed from site? [] Yes [] No MIT required if shut in longer than two years. Date of last MIT []
SPUD DATE: [] REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set) []
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 []
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

Notice of Intent Approximate Start Date: [] Report of Work Done Date Work Completed: []
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)
Intent to Recomplete (submit form 2) [] Request to Vent or Flare [] E&P Waste Disposal []
Change Drilling Plans [] Repair Well [] Beneficial Reuse of E&P Waste []
Gross Interval Changed? [] Rule 502 variance requested [] Status Update/Change of Remediation Plans []
Casing/Cementing Program Change [] Other: 303.d.(3).F.ii.bb photos 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
Print Name: David Castro Castro Date: 4/24/12 Email: david.castro@pdx.com
Title: Environmental Coordinator

COGCC Approved: [] Title: [] Date: []

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 10084	API Number: 05-071-09822
2. Name of Operator: Pioneer Natural Resources USA, Inc.	OGCC Facility ID # 418504
3. Well/Facility Name: Icehouse 23-34	Well/Facility Number:
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW, Sec. 34, T31S, R66W, 6th P.M.	

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**

This Form 4 is to submit reference area photos per rule 303.d.(3).F.ii.bb for the Icehouse 23-34 location. Photos are submitted with this document.

WELLSITE REFERENCE AREA PHOTOS

Operator: Pioneer Natural Resources

Well Name: Icehouse 23-34

NESW of Section 34, Township 31S, Range 66W, of the 6th P.M. in Las Animas County



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Operator: Pioneer Natural Resources

Well Name: Icehouse 23-34

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