

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:

03/28/2014

Document Number:

400580369

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>10084</u>	Contact Person: <u>Duane Hiss</u>
Company Name: <u>PIONEER NATURAL RESOURCES USA INC</u>	Phone: <u>(719) 845-4394</u>
Address: <u>1401 17TH ST STE 1200</u>	Fax: <u>(719) 846-1657</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>Duane.Hiss@pxd.com</u>

  

API #: <u>05 - 071 - 08201 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>SUMMERSAULT 23-35</u>		
Sec: <u>35</u>	Twp: <u>31S</u>	Range: <u>66W</u> QtrQtr: <u>NESW</u>
Lat: <u>37.298810</u>	Long: <u>-104.754410</u>	

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 04/02/2014 Time: 08:00 (HH:MM) Anticipated Date of flowback: 04/03/2014

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: <u>Judy Glinisty</u>	Email: <u>Judy.Glinisty@pxd.com</u>
Signature: _____	Title: <u>Lead Engineering Tech</u> Date: <u>03/28/2014</u>