

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:

**05/30/2014**

Document Number:

**400617413**

**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 - 09490 - 00</u>       | Facility ID: _____       | Location ID: _____                    |
| Facility Name: <u>TWILIGHT ZONE 24-25</u> |                          |                                       |
| Sec: <u>25</u>                            | Twp: <u>32S</u>          | Range: <u>66W</u> QtrQtr: <u>SESW</u> |
| Lat: <u>37.224560</u>                     | Long: <u>-104.735120</u> |                                       |

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

|                                      |                            |   |
|--------------------------------------|----------------------------|---|
| Date of Treatment: <u>06/03/2014</u> | Time: <u>08:00</u> (HH:MM) | Anticipated Date of flowback: <u>06/04/2014</u> |
|--------------------------------------|----------------------------|---|

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>05/30/2014</u> |