

**FORM****42**Rev  
03/15**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:****10/20/2017****Document Number:****401435945****FIELD OPERATIONS NOTICE**

The Form 42 shall be submitted as required by Rule, Notice to Operators, Policy, or Condition of Approval.  
A Form 42 Update shall be submitted to revise the scheduled date or time on a previous Form 42 - Advance Notice of Field Operations.  
A Form 42 Update must be for the same well, location, or facility and for the same Field Operation as a previous Form 42.  
NOTE: Operator's Contact for Advance Notices of Field Operations should be available 24 hours a day, 7 days a week and should have the most current scheduling information for the operation. Operator's Contact for other notices should be able to respond to questions regarding the reported information.

Update of a previous Form 42 Notice NO**Entity Information**

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| OGCC Operator Number: <u>10084</u>                     | Contact Person: <u>Virginia Tijerina</u> |
| Company Name: <u>PIONEER NATURAL RESOURCES USA INC</u> | Phone: <u>(972) 969-5837</u>             |
| Address: <u>5205 N O'CONNOR BLVD STE 200</u>           | Fax: <u>(972) 969-5181</u>               |
| City: <u>IRVING</u> State: <u>TX</u> Zip: <u>75039</u> | Email: <u>virginia.tijerina@pxd.com</u>  |

|   |   |                          |
|---|---|--------------------------|
| API #: <u>05 - 071 - 08125 - 00</u>                                 | Facility ID: _____                                | Location ID: _____       |
| Facility Name: <u>ULIBARRI 32-6</u>                                 | <input type="checkbox"/> Submit By Other Operator |                          |
| Sec: <u>6</u> Twp: <u>32S</u> Range: <u>66W</u> QtrQtr: <u>SWNE</u> | Lat: <u>37.290680</u>                             | Long: <u>-104.821300</u> |

**START OF PLUGGING OPERATIONS - 48-hour notice required**Date: 10/26/2017 Time: 08:00 (HH:MM)

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

|                                      |  |
|--------------------------------------|--|
| Print Name: <u>Virginia Tijerina</u> | Email: <u>virginia.tijerina@pxd.com</u>                          |
| Signature: _____                     | Title: <u>Lead Regulatory Specialist</u> Date: <u>10/20/2017</u> |