

State of Colorado
Oil and Gas Conservation Commission

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



received 10/26/2010
Facility 280324
documnet 200290033

SOURCE OF PRODUCED WATER FOR DISPOSAL

This form must be completed for any new disposal site and for any change in sources of produced water for an existing disposal site.

Complete the
Attachment Checklist

OGCC Operator Number: <u>10084</u>	Contact Name and Telephone: <u>David Castro</u>
Name of Operator: <u>Pioneer Natural Resources USA, Inc.</u>	No: <u>303-298-8100</u>
Address: <u>1401 17th St, Suite 1200</u>	Fax: <u>303-298-7800</u>
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>	

Oper	OGCC
Chemical Analysis of fluid	

OGCC Disposal Facility Number: <u>280324</u>
Operator's Disposal Facility Name: <u>Rimrock 14-29</u> Operator's Disposal Facility Number: _____
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWSW, Sec. 29, T32S, R65W, 6th P.M.</u>
Address: _____
City: _____ State: _____ Zip: _____ County: <u>Las Animas</u>

If more space is required,
attach additional sheet.

Add Source: OGCC Lease No: _____ API No: 05-071-09523 Well Name & No: Rimrock 14-29 Tr
☒ Operator Name: Pioneer Natural Resources USA, Inc. Operator No: 10084
Delete Source: Location: QtrQtr: SWSW Section: 29 Township: 32S Range: 65W Producing Formation: Raton
☐ Analysis Attached? ☒ Yes ☐ No Transported to disposal site via: ☒ Pipeline ☐ Truck TDS: 2670

Add Source: OGCC Lease No: _____ API No: _____ Well Name & No: _____
☐ Operator Name: _____ Operator No: _____
Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
☐ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS: _____

Add Source: OGCC Lease No: _____ API No: _____ Well Name & No: _____
☐ Operator Name: _____ Operator No: _____
Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
☐ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS: _____

Add Source: OGCC Lease No: _____ API No: _____ Well Name & No: _____
☐ Operator Name: _____ Operator No: _____
Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
☐ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS: _____

Add Source: OGCC Lease No: _____ API No: _____ Well Name & No: _____
☐ Operator Name: _____ Operator No: _____
Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
☐ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS: _____

Add Source: OGCC Lease No: _____ API No: _____ Well Name & No: _____
☐ Operator Name: _____ Operator No: _____
Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
☐ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS: _____

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

Print Name: David Castro Signed: David Castro
Title: Environmental Coordinator Date: 10/26/10

Digitally signed by David Castro
DN: cn=David Castro, o=Pioneer Natural
Resources USA, Inc., ou=Rockies Asset
Team, email=David.Castro@PXD.com,
c=US
Date: 2010.10.26 09:38:03 -0600

OGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:



DEPARTMENT OF NATURAL RESOURCES

Bill Ritter, Jr., Governor
1120 Lincoln St. Suite 801
Denver, CO 80203
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FAX: (303) 894-2109
www.colorado.gov/cogcc

Condition of Approval for unlined multi-well production pit

Produced water from this well must be sampled and analyzed for the following analytes:

dissolved Fe
dissolved Mn

fluoride

Results must be provided within 90 days of approval of this Form 26.

A variance request for continued use of pit 280324 as a multi-well pit must be received within 90 days of approval of this Form 26.