

FORM
4
Rev 12/05State of Colorado
Oil and Gas Conservation Commission

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

DOCUMENT
#2224611

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: <u>10084</u>	4. Contact Name David Castro	Complete the Attachment Checklist OP OGCC
2. Name of Operator: <u>Pioneer Natural Resources USA, Inc.</u>	Phone: <u>303-298-8100</u>	
3. Address: <u>1401 17th Street, Suite 1200</u> City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>	Fax: <u>303-298-7800</u>	
5. API Number <u>05-071-09564</u>	OGCC Facility ID Number <u>309462</u>	
6. Well/Facility Name: <u>MacKenzie Federal 23-2</u>	7. Well/Facility Number	Survey Plat
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NESW, Sec. 2, T32S, R66W, 6th P.M.</u>		Directional Survey
9. County: <u>Las Animas</u>	10. Field Name:	Surface Eqpm Diagram
11. Federal, Indian or State Lease Number:		Technical Info Page <input checked="" type="checkbox"/>
		Other <input checked="" type="checkbox"/>

General Notice

<input type="checkbox"/> 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:	<table border="1"> <tr> <td></td> <td>FNL/FSL</td> <td></td> <td>FEL/FWL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		FNL/FSL		FEL/FWL				
	FNL/FSL		FEL/FWL						
Change of Surface Footage to Exterior Section Lines:	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								
Change of Bottomhole Footage from Exterior Section Lines:	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								
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Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer	attach directional survey								
Latitude	Distance to nearest property line								
Longitude	Distance to nearest bldg, public rd, utility or RR								
Ground Elevation	Distance to nearest lease line								
	Is location in a High Density Area (rule 603b)? Yes/No <input type="checkbox"/>								
	Distance to nearest well same formation								
	Surface owner consultation date:								
GPS DATA:									
Date of Measurement	PDOP Reading								
	Instrument Operator's Name								
<input type="checkbox"/> CHANGE SPACING UNIT Formation Formation Code Spacing order number Unit Acreage Unit configuration	<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached								
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> CHANGE WELL NAME NUMBER From: _____ To: _____ Effective Date: _____								
<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection: _____	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT: _____								
<input type="checkbox"/> SPUD DATE: _____	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)								
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK Method used Cementing tool setting/perf depth Cement volume Cement top Cement bottom Date									
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. Final reclamation will commence on approximately _____ <input type="checkbox"/> Final reclamation is completed and site is ready for inspection.									

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent Approximate Start Date: _____	<input type="checkbox"/> Report of Work Done Date Work Completed: _____
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)	
<input type="checkbox"/> Intent to Recomplete (submit form 2) <input type="checkbox"/> Change Drilling Plans <input type="checkbox"/> Gross Interval Changed? <input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Request to Vent or Flare <input type="checkbox"/> Repair Well <input type="checkbox"/> Rule 502 variance requested <input checked="" type="checkbox"/> Other: <u>303.d.(3).F.ii.bb photos</u>
<input type="checkbox"/> E&P Waste Disposal <input type="checkbox"/> Beneficial Reuse of E&P Waste <input type="checkbox"/> Status Update/Change of Remediation Plans 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
 DN: cn=David Castro, o=Pioneer Natural Resources USA, Inc., ou, email=David.Castro@pxd.com, c=US
 Date: 2012.04.24 13:02:56 -06'00'
 Print Name: David Castro 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: 05-071-09564
2. Name of Operator: Pioneer Natural Resources USA, Inc. OGCC Facility ID # 309462
3. Well/Facility Name: MacKenzie Federal 23-2 Well/Facility Number:
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW, Sec. 2, T32S, 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 MacKenzie Federal 23-2 location. Photos are submitted with this document.

WELLSITE REFERENCE AREA PHOTOS

Operator: Pioneer Natural Resources

Well Name: Mackenzie Federal 23-2

NESW of Section 2, Township 32S, Range 66W, of the 6th P.M. in Las Animas County



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