

State of Colorado  
Oil and Gas Conservation Commission

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



DOCUMENT  
#2229599

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: 10084	4. Contact Name David Castro	Complete the Attachment Checklist  OP OGCC
2. Name of Operator: Pioneer Natural Resources USA, Inc.	Phone: 303-298-8100	
3. Address: 1401 17th Street, Suite 1200 City: Denver State: CO Zip: 80202	Fax: 303-298-7800	
5. API Number 05-071-09783	OGCC Facility ID Number 309259	Survey Plat
6. Well/Facility Name: Grants 14-34 Tr	7. Well/Facility Number	Directional Survey
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW, Sec. 34, T32S, R66W, 6th P.M.		Surface Eqpm Diagram
9. County: Las Animas	10. Field Name:	Technical Info Page <input checked="" type="checkbox"/>
11. Federal, Indian or State Lease Number:		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:	<input type="checkbox"/> FNL/FSL <input type="checkbox"/> FEL/FWL
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/> attach directional survey
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer	
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	
From:	NUMBER
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	
*submit cbl and cement job summaries	
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		<input type="checkbox"/> Report of Work Done	
Approximate Start Date:		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"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal	
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste	
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans	
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: 303.d.(3).F.ii.bb photos	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@pnr.com  
Print Name: David Castro Castro Date: 6/4/12 Email: david.castro@pdx.com  
Title: Environmental Coordinator

COGCC Approved: Title: Date:

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: _____	API Number: _____
2. Name of Operator: _____	OGCC Facility ID # _____
3. Well/Facility Name: _____	Well/Facility Number: _____
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____	

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

## WELLSITE REFERENCE AREA PHOTOS

Operator: Pioneer Natural Resources

Well Name: Grants 14-34 Tr

**SWSW of Section 34, Township 32S, Range 66W, of the 6<sup>th</sup> P.M. in Las Animas County**



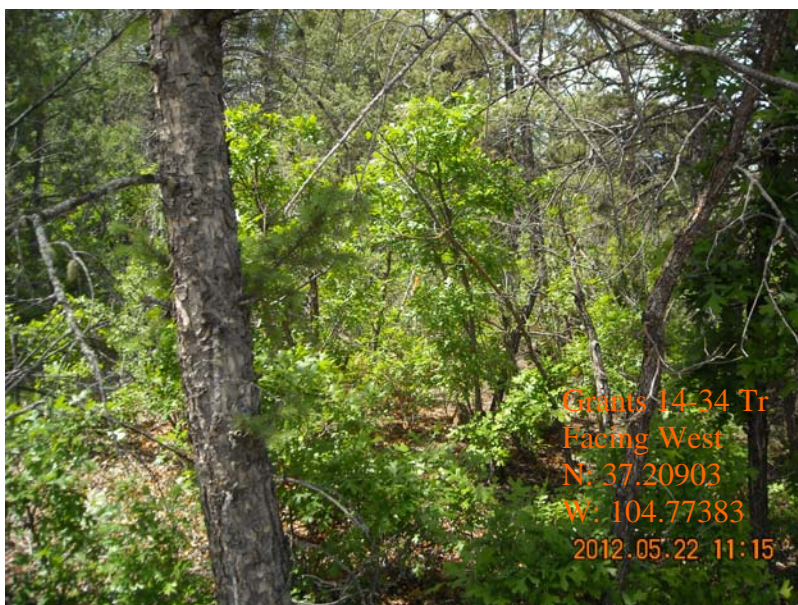
**NORWEST**  
CORPORATION

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