

FORM
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OGCC RECEPTION
Receive Date:
06/25/2013
Document Number:
400438662

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10084 Contact Person: Judy Glinisty
Company Name: PIONEER NATURAL RESOURCES USA INC Phone: (303) 675-2658
Address: 1401 17TH ST STE 1200 Fax: (303) 294-1275
City: DENVER State: CO Zip: 80202 Email: Judy.Glinisty@pxd.com

API #: 05 - 073 - 06509 - 00 Facility ID: _____ Location ID: _____
Facility Name: LONG VIEW FARM 33-19-16-53
Sec: 19 Twp: 16S Range: 53W QtrQtr: NWSE Lat: 38.645220 Long: -103.383610

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 07/01/2013 Time: 08:00 (HH:MM)

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: Judy Glinisty Email: Judy.Glinisty@pxd.com
Signature: _____ Title: Sr Staff Engineering Tech Date: 06/25/2013