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 PNR Well Services LLC
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11949

Pioneer Natural Resources Well Services LLC Certificate Of Insurance

FOR INFORMATION PURPOSES ONLY. This is to certify to PIONEER NATURAL RESOURCES / PIONEER NATURAL RESOURCES WELL SERVICES LLC, and any direct or indirect subsidiaries, hereafter referred to as PIONEER, that policies described below have been issued to the insured by the undersigned and are in full force and effect at this time.

Name and Address of the Insured	Insurance Carriers
	Company A _____
	Company B _____
	Company C _____
	Company D _____
	Company E _____
	Company F _____

INSURANCE POLICIES IN FORCE

Coverage	Company Letter	Policy Number	Policy Period	Limits of Liability
A. Workers' Compensation Employer's Liability				Statutory \$ _____ each accident \$ _____ Disease-each employee \$ _____ Disease-policy limit
B. Commercial (Occurrence) or Commercial (Claims Made) General Liability Bodily Injury Property Damage Combined Single Limit Products/Completed Operations Personal Injury				\$ _____ deductible \$ _____ each occurrence \$ _____ each occurrence \$ _____ each occurrence, (if applicable) \$ _____ aggregate \$ _____ aggregate
C. Commercial Auto Liability Combined Single Limit Bodily Injury Property Damage				\$ _____ each occurrence, (if applicable) \$ _____ each occurrence \$ _____ each occurrence
D. Aircraft Liability				\$ _____ each person \$ _____ aggregate
E. Excess Liability (if other than umbrella, define below)				\$ _____ each occurrence \$ _____ aggregate
F. Other				\$ _____

**TEXAS DEPT. OF INSURANCE
 AUSTIN, TEXAS
 APPROVED
 APR 0 5 2012**

Location of Insured operations: _____
 Describe type of operations insured: _____

Does this policy (ies) provide a notice to Pioneer Nature Resources Well Services LLC if the insurer cancels or nonrenews a policy or material change is made to the policy? () Yes () No If so, how many days notice? _____

Name, Address, Phone and Fax Number of Agency: _____

Date Issued: _____

Phone _____ Fax _____

Authorized Representative _____

Pioneer Natural Resources Well Services LLC
Insurance Questionnaire

119497

Named Insured: _____

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
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APR 05 2012

General Provisions (Applicable to ALL POLICIES certified)

Do all insurance carriers have a minimum A.M. Best rating of A-, VI?..... () Yes () No

A. Workers' Compensation and Employer's Liability

As defined in the policy, does this policy provide:

- a. "Waiver of Subrogation" endorsement? () Yes () No
- b. Alternate Employers Endorsement?..... () Yes () No

The "Waiver of Subrogation" endorsement must be in favor of PIONEER NATURAL RESOURCES COMPANY, PIONEER NATURAL RESOURCES WELL SERVICES LLC, and any of their direct or indirect subsidiaries.

B. General Liability

As defined in the policy, does the policy provide:

- a. "Waiver of Subrogation" endorsement? () Yes () No
- b. "Additional Insured" endorsement? () Yes () No
- c. Premises and Operations Coverage? () Yes () No
- d. Products and Completed Operations? () Yes () No
- e. Sudden & Accidental Pollution Liability? () Yes () No

Are the following excluded from the policy;

- a. Explosion?..... () Yes () No
- b. Blowout?..... () Yes () No
- c. Collapse? () Yes () No
- d. Underground Property? () Yes () No

Please provide territories covered by policy _____

The "Waiver of Subrogation" and "Additional Insured" endorsements must be in favor of PIONEER NATURAL RESOURCES COMPANY, PIONEER NATURAL RESOURCES WELL SERVICES LLC, and any of their direct or indirect subsidiaries.

C. Automobile Liability

1. As defined in the policy, does the policy provide:

- a. "Waiver of Subrogation" endorsement? () Yes () No
- b. "Additional Insured" endorsement? () Yes () No

2. Does the policy include:

- a. All Owned Automobiles?..... () Yes () No
- b. Non-Owned Automobiles?..... () Yes () No
- c. Hired Automobiles? () Yes () No

3. If applicable, does the Commercial Auto Liability Policy include form MCS-90 Motor Carrier Policies of Insurance Endorsement with minimum limits of \$1,000,000 bodily injury and property damage per occurrence? () Yes () No

The "Waiver of Subrogation" and "Additional Insured" endorsements must be in favor of PIONEER NATURAL RESOURCES COMPANY, PIONEER NATURAL RESOURCES WELL SERVICES LLC, and any of their direct or indirect subsidiaries.

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D. Aircraft Liability (if applicable)

- 1. As defined in the policy, does the policy provide:
a. "Waiver of Subrogation" endorsement?
b. "Additional Insured" endorsement?
2. Does the policy include:
a. All Owned Aircraft?
b. Non-Owned Aircraft?
c. All Owned Helicopters?
d. Non-Owned Helicopters?

The "Waiver of Subrogation" and "Additional Insured" endorsements must be in favor of PIONEER NATURAL RESOURCES COMPANY, PIONEER NATURAL RESOURCES WELL SERVICES LLC, and any of their direct or indirect subsidiaries.

E. Excess Liability Triggered by Occurrence _____ Claims Made _____ (Check One)

- Does this policy contain:
a. "Waiver of Subrogation" endorsement?
b. "Additional Insured" endorsement?
1. Does the policy follow form:
a. Employers Liability?
b. General Liability policy as certified?
c. Automobile Liability as certified?
d. Aircraft Liability as certified?

The "Waiver of Subrogation" and "Additional Insured" endorsements must be in favor of PIONEER NATURAL RESOURCES COMPANY, PIONEER NATURAL RESOURCES WELL SERVICES LLC, and any of their direct or indirect subsidiaries.