

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**04/18/2012**

Document Number:  
**400273563**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 8960 Contact Person: Keith Caplan  
Company Name: BONANZA CREEK ENERGY OPERATING COMPANY LLC Phone: (720) 440-6112  
Address: P O BOX 21974 Fax: (720) 279-2331  
City: BAKERSFIELD State: CA Zip: 93390 Email: KCaplan@BonanzaCrk.com

API #: 05 - 123 - 35207 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: State Antelope 14-11-24HZ  
Sec: 24 Twp: 5N Range: 62W QtrQtr: SESW Lat: 40.379220 Long: -104.276110

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 04/17/2012 Time: 00:01 (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: Keith Caplan Email: KCaplan@BonanzaCrk.com  
Signature: \_\_\_\_\_ Title: Sr. Ops. Tech Date: 04/18/2012