

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
04/30/2012
Document Number:
400278287

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>8960</u>	Contact Person: <u>Keith Caplan</u>
Company Name: <u>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Phone: <u>(720) 440-6112</u>
Address: <u>P O BOX 21974</u>	Fax: <u>(720) 279-2331</u>
City: <u>BAKERSFIELD</u> State: <u>CA</u> Zip: <u>93390</u>	Email: <u>KCaplan@BonanzaCrk.com</u>
API #: <u>05 - 123 - 35118 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Pronghorn 11-14-12HZ</u>	
Sec: <u>12</u> Twp: <u>5N</u> Range: <u>61W</u> QtrQtr: <u>NWNW</u>	Lat: <u>40.422690</u> Long: <u>-104.164210</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 05/14/2012 Time: 06:00 (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: Keith Caplan Email: KCaplan@BonanzaCrk.com

Signature: _____ Title: Sr. Ops. Tech Date: 04/30/2012