

FORM
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OGCC RECEPTION
Receive Date:
04/30/2012
Document Number:
400278291

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 - 33361 - 00 Facility ID: _____ Location ID: _____
Facility Name: State Antelope 41-15HZ
Sec: 15 Twp: 5N Range: 62W QtrQtr: NENE Lat: 40.405500 Long: -104.302310

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 05/21/2012 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