

FORM
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OGCC RECEPTION
Receive Date:
05/14/2012
Document Number:
400284418

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 8960 Contact Person: Bryan Brown
Company Name: BONANZA CREEK ENERGY OPERATING COMPANY LLC Phone: (720) 440-6100
Address: P O BOX 21974 Fax: (720) 305-0804
City: BAKERSFIELD State: CA Zip: 93390 Email: bbrown@bonanzacrck.com

API #: 05 - 123 - 35241 - 00 Facility ID: _____ Location ID: _____
Facility Name: Antelope F-29
Sec: 29 Twp: 5N Range: 62W QtrQtr: SWNW Lat: 40.373460 Long: -104.352750

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 05/23/2012 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: Hannah Larsen Email: hlarsen@bonanzacrck.com
Signature: _____ Title: Operations Technician Date: 05/14/2012