

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



ECMC RECEPTION
Receive Date:
07/29/2024
Document Number:
403837547

FIELD OPERATIONS NOTICE

The Form 42 shall be submitted as required by Rule, Notice to Operators, Policy, or Condition of Approval. A Form 42 Update shall be submitted to revise the scheduled date or time on a previous Form 42 - Advance Notice of Field Operations. A Form 42 Update must be for the same well, location, or facility and for the same Field Operation as a previous Form 42. NOTE: Operator's Contact for Advance Notices of Field Operations should be available 24 hours a day, 7 days a week and should have the most current scheduling information for the operation. Operator's Contact for other notices should be able to respond to questions regarding the reported information.

Update of a previous Form 42 Notice NO

Entity Information

ECMC Operator Number: <u>8960</u>	Contact Person: <u>Jesse Silva</u>	
Company Name: <u>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Phone: <u>(970) 396-0421</u>	
Address: <u>555 17TH STREET SUITE 3700</u>	Fax: <u>()</u>	
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>jsilva@civiresources.com</u>	
API #: <u>05 - 123 - 52467 - 00</u>	Facility ID: <u>486183</u>	Location ID: <u>433511</u>
Facility Name: <u>State North Platte F-36 Fed 25N-20-07</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>36</u> Twp: <u>5N</u> Range: <u>63W</u> QtrQtr: <u>NWNW</u>	Lat: <u>40.362041</u>	Long: <u>-104.391646</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 07/31/2024

Time: 11:35 (HH:MM)

Anticipated Date of Flowback: 09/15/2024

Is the Hydraulic Fracturing Treatment of this Well anticipated to last for longer than one day? Yes

If YES, describe the anticipated duration of these operations:

Frac for the wells in this zipper group is estimated to last approximately 12 days.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: Elaine Winick Email: ewinick@civiresources.com

Signature: _____ Title: Completions Tech Date: 07/29/2024