

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**05/18/2012**

Document Number:  
**400286368**

**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 - 35411 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: North Platte H-27  
Sec: 27 Twp: 5N Range: 63W QtrQtr: SWNW Lat: 40.372368 Long: -104.428630

**BLOW OUT PREVENTER TEST – 24-Hour notice**

Test Date: 05/21/2012 Time: 20:00 (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: 05/18/2012