

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**06/12/2012**  
Document Number:  
**400294931**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10340 Contact Person: Dean Rogers  
Company Name: SUNDANCE ENERGY INC Phone: (303) 886-0186  
Address: 633 17TH STREET #1950 Fax: (303) 543-5701  
City: DENVER State: CO Zip: 80202 Email: drogers@sundanceenergy.net  
API #: 05 - 123 - 34985 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Lamb 32-15  
Sec: 15 Twp: 4N Range: 68W QtrQtr: NENE Lat: 40.317177 Long: -104.984495

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 06/13/2012 Time: 09:00 (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: Dean Rogers Email: drogers@sundanceenergy.net  
Signature: Dean Rogers Title: Operations Engineer Date: 06/12/2012