

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**06/22/2012**  
Document Number:  
**400298740**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 8960 Contact Person: Hannah Larsen  
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: form42@bonanzacrk.com

API #: 05 - 123 - 35129 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Antelope M-19  
Sec: 19 Twp: 5N Range: 62W QtrQtr: SENW Lat: 40.386450 Long: -104.368150

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

Date of Treatment: 06/26/2012 Time: 07:00 (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@bonanzacrk.com  
Signature: \_\_\_\_\_ Title: Operations Technician Date: 06/22/2012