



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>8960</u>	Contact Person: <u>Bryan Brown</u>
Company Name: <u>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Phone: <u>(720) 440-6100</u>
Address: <u>P O BOX 21974</u>	Fax: <u>(720) 305-0804</u>
City: <u>BAKERSFIELD</u> State: <u>CA</u> Zip: <u>93390</u>	Email: <u>bbrown@bonanzacrck.com</u>
API #: <u>05 - 123 - 35482 - 00</u>	Facility ID: _____ Location ID: _____
Facility Name: <u>Antelope E-18</u>	
Sec: <u>18</u> Twp: <u>5N</u> Range: <u>62W</u> QtrQtr: <u>SESW</u>	Lat: <u>40.393721</u> Long: <u>-104.370210</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 07/05/2012 Time: 12:00 (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: 07/05/2012