

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**07/13/2012**  
Document Number:  
**400305395**

**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: 410 17TH STREET SUITE #1400 Fax: (720) 305-0804  
City: DENVER State: CO Zip: 80202 Email: bbrown@bonanzacrck.com

API #: 05 - 123 - 35676 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: North Platte 42-34  
Sec: 34 Twp: 5N Range: 63W QtrQtr: NENE Lat: 40.361290 Long: -104.415070

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

Date of Treatment: 07/16/2012 Time: 08:00 (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: 07/13/2012