

FORM
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Rev
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OGCC RECEPTION
Receive Date:
08/14/2012
Document Number:
400315571

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@bonanzacrk.com
API #: 05 - 123 - 35813 - 00 Facility ID: _____ Location ID: _____
Facility Name: Latham 42-1
Sec: 1 Twp: 4N Range: 63W QtrQtr: NESE Lat: 40.339590 Long: -104.379820

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 08/15/2012 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@bonanzacrk.com
Signature: _____ Title: Operations Technician Date: 08/14/2012