

FORM
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OGCC RECEPTION
Receive Date:
12/06/2012
Document Number:
400354817

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10340 Contact Person: Dean Rogers
Company Name: SUNDANCE ENERGY INC Phone: (303) 543-5700
Address: 633 17TH STREET #1950 Fax: (303) 543-5701
City: DENVER State: CO Zip: 80202 Email: drogers@sundanceenergy.net
API #: 05 - 123 - 36128 - 00 Facility ID: _____ Location ID: _____
Facility Name: HFE 34-22
Sec: 22 Twp: 4N Range: 68W QtrQtr: SWSE Lat: 40.294832 Long: -104.987913

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 12/05/2012 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: 12/06/2012