



OGCC RECEPTION
Receive Date:
01/13/2014
Document Number:
400538963

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>410 17TH STREET SUITE #1400</u>	Fax: <u>(720) 305-0804</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>bbrown@bonanzacrck.com</u>
API #: <u>05 - 123 - 37095 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>State North Platte F-J-26HC</u>	
Sec: <u>26</u> Twp: <u>5N</u> Range: <u>63W</u> QtrQtr: <u>NWNW</u>	Lat: <u>40.376290</u> Long: <u>-104.409010</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: <u>01/17/2014</u>	Time: <u>10:00</u> (HH:MM)	Anticipated Date of flowback: <u>01/24/2014</u>
--------------------------------------	----------------------------	---

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: <u>Hannah Larsen</u>	Email: <u>hlarsen@bonanzacrck.com</u>
Signature: _____	Title: _____ Date: <u>01/13/2014</u>