

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**02/25/2014**  
Document Number:  
**400561794**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10340 Contact Person: Jeff Reale  
Company Name: SUNDANCE ENERGY INC Phone: (303) 947-1387  
Address: 633 17TH STREET #1950 Fax: (970) 667-0046  
City: DENVER State: CO Zip: 80202 Email: jeff@mistymountainop.com  
API #: 05 - 123 - 37754 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Grant Brothers 23-4Ae  
Sec: 23 Twp: 2N Range: 68W QtrQtr: SWSE Lat: 40.118567 Long: -104.968120

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**  
Date of Treatment: 03/02/2014 Time: 08:00 (HH:MM) Anticipated Date of flowback: 03/02/2014

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: Jeff Reale Email: jeff@mistymountainop.com  
Signature: Jeff Reale Title: Agent Date: 02/25/2014