

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:  
**09/15/2014**

Document Number:  
**400687639**

**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) 279-2330</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 - 39003 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>STATE ANTELOPE P41-T44-32HNC</u>	<input checked="" type="checkbox"/> Submit By Other Operator	
Sec: <u>32</u> Twp: <u>5N</u> Range: <u>62W</u> QtrQtr: <u>NENE</u>	Lat: <u>40.362030</u>	Long: <u>-104.342340</u>

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

Date of Treatment: <u>09/21/2014</u>	Time: <u>11:00</u> (HH:MM)	Anticipated Date of flowback: <u>09/28/2014</u>
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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>09/15/2014</u>