

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:
01/22/2015

Document Number:
400778012

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@bonanzacrk.com</u> |

| | | |
|---|---|--------------------------|
| API #: <u>05 - 123 - 40108 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>State Pronghorn U-32-31MRLNB</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>32</u> Twp: <u>5N</u> Range: <u>61W</u> QtrQtr: <u>NENE</u> | Lat: <u>40.361060</u> | Long: <u>-104.225190</u> |

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

| | | |
|--------------------------------------|----------------------------|---|
| Date of Treatment: <u>01/30/2015</u> | Time: <u>10:00</u> (HH:MM) | Anticipated Date of flowback: <u>02/06/2015</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@bonanzacrk.com</u> |
| Signature: _____ | Title: _____ Date: <u>01/22/2015</u> |