

FORM**42**Rev
01/20**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:

02/17/2020

Document Number:

402314474**FIELD OPERATIONS NOTICE**

The Form 42 shall be submitted as required by Rule, Notice to Operators, Policy, or Condition of Approval.

A Form 42 Update shall be submitted to revise the scheduled date or time on a previous Form 42 - Advance Notice of Field Operations.

A Form 42 Update must be for the same well, location, or facility and for the same Field Operation as a previous Form 42.

NOTE: Operator's Contact for Advance Notices of Field Operations should be available 24 hours a day, 7 days a week and should have the most current scheduling information for the operation. Operator's Contact for other notices should be able to respond to questions regarding the reported information.

Update of a previous Form 42 Notice NO**Entity Information**

| | |
|---|---|
| OGCC Operator Number: <u>8960</u> | Contact Person: <u>Kate Miller</u> |
| Company Name: <u>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u> | Phone: <u>(720) 4406116</u> |
| Address: <u>410 17TH STREET SUITE #1400</u> | Fax: <u>()</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>regulatory@bonanzacrk.com</u> |

| | | |
|--|--------------------|---|
| API #: <u>05 - 123 - 48262 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>Antelope Federal 34-19-18XRLNC</u> | | <input type="checkbox"/> Submit By Other Operator |
| Sec: <u>19</u> | Twp: <u>5N</u> | Range: <u>62W</u> QtrQtr: <u>SESE</u> |
| Lat: <u>40.378351</u> | | Long: <u>-104.361187</u> |

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice requiredDate of Treatment: 02/21/2020Time: 06:00 (HH:MM)Anticipated Date of Flowback: 07/02/2020

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: Aubrey Noonan Email: regulatory@bonanzacrk.comSignature: _____ Title: Regulatory Analyst Date: 02/17/2020