

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:

05/06/2021

Document Number:

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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>Sheldon Mullet</u> |
| Company Name: <u>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u> | Phone: <u>(330) 231-1080</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>SMullet@bonanzacrk.com</u> |

| | | |
|---|--|----------------------------|
| API #: <u>05 - 123 - 11492 - 00</u> | Facility ID: <u>243700</u> | Location ID: <u>407694</u> |
| Facility Name: <u>WEST RIVERSIDE-STATE 1</u> | <input checked="" type="checkbox"/> Submit By Other Operator | |
| Sec: <u>24</u> Twp: <u>5N</u> Range: <u>62W</u> QtrQtr: <u>SWSE</u> | Lat: <u>40.380970</u> | Long: <u>-104.266830</u> |

OFFSET WELL MITIGATION COMPLETED (Mitigation must be completed prior to Hydraulic Fracturing Treatment.)

This well was mitigated per Rule 308.b.(7)A.

Permitted horizontal well requiring mitigation - API # 123-50423

Appropriate documentation for mitigation has been/will be submitted.

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

| | |
|----------------------------------|--|
| Print Name: <u>Aubrey Noonan</u> | Email: <u>regulatory@bonanzacrk.com</u> |
| Signature: _____ | Title: <u>Regulatory Analyst</u> Date: <u>05/06/2021</u> |