

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:  
**05/07/2021**  
Document Number:  
**402682602**

**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       YES      

**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) 440-6116      </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@bonanzacr.com      </u>                     |
| API #: <u>      05 - 123 - 50293 - 00      </u>   | Facility ID: <u>      466178      </u>                                 |
| Location ID: <u>      466172      </u>  | <input type="checkbox"/> Submit By Other Operator                      |
| Facility Name: <u>      STATE ANTELOPE W42-C12-13HNB      </u>  |  |
| Sec: <u>      13      </u> Twp: <u>      5N      </u> Range: <u>      62W      </u> QtrQtr: <u>      SENE      </u> | Lat: <u>      40.401171      </u> Long: <u>      -104.263671      </u> |

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

Date of Treatment:       05/09/2021      

Time:       22:00       (HH:MM)

Anticipated Date of Flowback:       06/15/2021      

Is the estimated duration of the Hydraulic Fracturing Treatment of this Well anticipated to last for longer than one day?       Yes      

If YES, describe the estimated anticipated duration of these operations:

      5/9/2021 to 5/20/2021      

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@bonanzacr.com      </u>                               |
| Signature: _____                             | Title: <u>      Regulatory Analyst      </u> Date: <u>      05/07/2021      </u> |