

State of Colorado
Energy & Carbon Management Commission

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



ECMC RECEPTION
Receive Date:
07/29/2024
Document Number:
403868813

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

ECMC Operator Number: <u> 8960 </u>	Contact Person: <u> Jesse Silva </u>
Company Name: <u> BONANZA CREEK ENERGY OPERATING COMPANY LLC </u>	Phone: <u> (970) 396-0421 </u>
Address: <u> 555 17TH STREET SUITE 3700 </u>	Fax: <u> () </u>
City: <u> DENVER </u> State: <u> CO </u> Zip: <u> 80202 </u>	Email: <u> jsilva@civiresources.com </u>
API #: <u> 05 - 123 - 52462 - 00 </u>	Facility ID: <u> 486178 </u>
Location ID: <u> 433511 </u>	<input type="checkbox"/> Submit By Other Operator
Facility Name: <u> State North Platte F-36 Fed 25N-30-05 </u>	
Sec: <u> 36 </u> Twp: <u> 5N </u> Range: <u> 63W </u> QtrQtr: <u> NWNW </u>	Lat: <u> 40.362150 </u> Long: <u> -104.391645 </u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 07/31/2024

Time: 11:35 (HH:MM)

Anticipated Date of Flowback: 09/15/2024

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

If YES, describe the anticipated duration of these operations:

 Frac for the wells in this zipper group is estimated to last approximately 10 days.

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

Print Name: <u> Elaine Winick </u>	Email: <u> ewinick@civiresources.com </u>
Signature: <u> _____ </u>	Title: <u> Completions Tech </u> Date: <u> 07/29/2024 </u>