

FORM
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OGCC RECEPTION
Receive Date:
01/06/2014
Document Number:
400535088

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10447 Contact Person: Pake Younger
Company Name: URSA OPERATING COMPANY LLC Phone: (970) 625-9922
Address: 602 SAWYER STREET #710 Fax: ()
City: HOUSTON State: TX Zip: 77007 Email: PYounger@ursaresources.com
API #: 05 - 045 - 20565 - 00 Facility ID: _____ Location ID: _____
Facility Name: BAT 13A-17-07-95
Sec: 18 Twp: 7S Range: 95W QtrQtr: SESE Lat: 39.431428 Long: -108.033256

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 01/08/2014 Time: 08:00 (HH:MM) Anticipated Date of flowback: 01/09/2014

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: Cari Chelewski Email: CChelewski@ursaresources.com
Signature: Cari Chelewski Title: Regulatory Technician Date: 01/06/2014