

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**03/13/2014**  
Document Number:  
**400571177**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10447 Contact Person: Pake Younger  
Company Name: URSA OPERATING COMPANY LLC Phone: (970) 260-2423  
Address: 602 SAWYER STREET #710 Fax: (970) 625-9929  
City: HOUSTON State: TX Zip: 77007 Email: PYounger@ursaresources.com  
API #: 05 - 045 - 22097 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: BAT 33B-24-07-96  
Sec: 24 Twp: 7S Range: 96W QtrQtr: NESW Lat: 39.420933 Long: -108.060351

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

Date of Treatment: 03/16/2014 Time: 08:00 (HH:MM) Anticipated Date of flowback: 03/18/2014

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: 03/13/2014