

FORM
42

Rev
03/12

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:

08/07/2014

Document Number:

400658861

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10447</u>	Contact Person: <u>PAKE YOUNGER</u>
Company Name: <u>URSA OPERATING COMPANY LLC</u>	Phone: <u>(970) 329-4385</u>
Address: <u>1050 17TH STREET #2400</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80265</u>	Email: <u>PYOUNGER@URSARESOURCES.COM</u>
API #: <u>05 - 045 - 22414 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>CSF 44B-09-07-91</u>	<input checked="" type="checkbox"/> Submit By Other Operator
Sec: <u>9</u> Twp: <u>7S</u> Range: <u>91W</u> QtrQtr: <u>NESW</u>	Lat: <u>39.458558</u> Long: <u>-107.558838</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 08/12/2014 Time: 08:00 (HH:MM) Anticipated Date of flowback: 08/22/2014

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: <u>JENNIFER LIND</u>	Email: <u>JLIND@URSARESOURCES.COM</u>
Signature: _____	Title: <u>REGULATORY ANALYST</u> Date: <u>08/07/2014</u>