

FORM
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OGCC RECEPTION
Receive Date:
01/27/2014
Document Number:
400545546

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10447 Contact Person: Hans Wychgram
Company Name: URSA OPERATING COMPANY LLC Phone: (303) 884-9079
Address: 602 SAWYER STREET #710 Fax: ()
City: HOUSTON State: TX Zip: 77007 Email: HWychgram@ursaresources.com
API #: 05 - 045 - 22100 - 00 Facility ID: _____ Location ID: _____
Facility Name: BAT 32D-24-07-96
Sec: 24 Twp: 7S Range: 96W QtrQtr: NESW Lat: 39.421034 Long: -108.060471

NOTICE OF SPUD – 48-hour notice required **Surface Hole Spud ONLY**

Spud Date: 01/30/2014 Time: 12:00 (HH:MM)
Rig Name: Xtreme #15

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: 01/27/2014