

FORM
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03/12



OGCC RECEPTION
Receive Date:
11/02/2013
Document Number:
400506355

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10447 Contact Person: Hans Wychgram
Company Name: URSA OPERATING COMPANY LLC Phone: (303) 8849079
Address: 602 SAWYER STREET #710 Fax: ()
City: HOUSTON State: TX Zip: 77007 Email: hwychgram@ursaresources.com
API #: 05 - 045 - 19384 - 00 Facility ID: _____ Location ID: _____
Facility Name: McLin B16
Sec: 13 Twp: 6S Range: 92W QtrQtr: NENE Lat: 39.531006 Long: -107.608216

BLOW OUT PREVENTER TEST – 24-Hour notice
Test Date: 11/03/2013 Time: 22:00 (HH:MM)

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: matt honeycutt Email: mhoneycutt@ursaresources.com
Signature: matthoneycutt Title: Ops Superintendent Date: 11/02/2013