

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
02/28/2014
Document Number:
400564167

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: (720) 508-8368
City: HOUSTON State: TX Zip: 77007 Email: HWychgram@ursaresources.com
API #: 05 - 045 - 19949 - 00 Facility ID: _____ Location ID: _____
Facility Name: Frei A12
Sec: 7 Twp: 6S Range: 91W QtrQtr: Lot 10 Lat: 39.536159 Long: -107.603286

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 03/02/2014 Time: 16:00 (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: Cari Chelewski Email: CChelewski@ursaresources.com
Signature: Cari Chelewski Title: Regulatory Technician Date: 02/28/2014