

FORM

42

Rev
03/15State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

06/16/2016

Document Number:

401063633

FIELD OPERATIONS NOTICE

The Form 42 shall be submitted as required by Rule, Notice to Operators, Policy, or Condition of Approval.
A Form 42 Update shall be submitted to revise the scheduled date or time on a previous Form 42 - Advance Notice of Field Operations.
A Form 42 Update must be for the same well, location, or facility and for the same Field Operation as a previous Form 42.
NOTE: Operator's Contact for Advance Notices of Field Operations should be available 24 hours a day, 7 days a week and should have the most current scheduling information for the operation. Operator's Contact for other notices should be able to respond to questions regarding the reported information.

Update of a previous Form 42 Notice NO

Entity Information

OGCC Operator Number: <u>10447</u>	Contact Person: <u>HANS WYCHGRAM</u>
Company Name: <u>URSA OPERATING COMPANY LLC</u>	Phone: <u>(720) 508-8356</u>
Address: <u>1050 17TH STREET #1700</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80265</u>	Email: <u>HWYCHGRAM@URSARESOURCES.COM</u>

API #: <u>05 - 045 - 22481 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>TOMPKINS 41C-08-07-95</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>5</u> Twp: <u>7S</u> Range: <u>95W</u> QtrQtr: <u>SESE</u>	Lat: <u>39.460024</u>	Long: <u>-108.013914</u>

SIGNIFICANT LOST CIRCULATION – Notify within 24 hours, report mud losses in excess of 100 barrels which require shutdown of operations for an hour or longer to pump lost circulation material and rebuild pit volume

Date of Lost Circulation: 06/15/2016 Time: 09:15 (HH:MM)
Measure Depth: 638 (feet) Mud Volume Lost: 350 (bbl)
Did a Kick occur after the loss of circulation? No

NOTE: Per Rule 327, a Form 23 (Well Control Report) shall be submitted within 15 days for all uncontrolled events, providing all details required on the form.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: <u>JENNIFER LIND</u>	Email: <u>JLIND@URSARESOURCES.COM</u>
Signature: _____	Title: <u>REGULATORY ANALYST</u> Date: <u>06/16/2016</u>