

FORM**42**Rev
03/15**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:

02/02/2018

Document Number:

401533905**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>PAKE YOUNGER</u>
Company Name: <u>URSA OPERATING COMPANY LLC</u>	Phone: <u>(970) 260-2423</u>
Address: <u>1600 BROADWAY ST STE 2600</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>pyounger@ursaresources.com</u>

API #: <u>05 - 045 - 23319 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>BMC B 14A-18-07-95</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>18</u> Twp: <u>7S</u> Range: <u>95W</u> QtrQtr: <u>SWNW</u>	Lat: <u>39.438800</u>	Long: <u>-108.046729</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice requiredDate of Treatment: 02/08/2018 Time: 07:00 (HH:MM) Anticipated Date of Flowback: 02/18/2018**FOR GAS WELLS ONLY:**

- ☒ This well is a Gas Well, anticipated to have a Gas-to-Oil Ratio (GOR) equal to or greater than 15,000 scf/bbl.
- ☒ This Form 42 is submitted to satisfy notification requirements under NSPS OOOO, 40 C.F.R. Part 60, &60.5420(a)(2)(i).

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

Print Name: <u>CARI MASCIOLI</u>	Email: <u>cmascioli@ursaresources.com</u>
Signature: _____	Title: <u>REGULATORY ANALYST</u> Date: <u>02/02/2018</u>