

**FORM
10**Rev
10/12**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:

10/09/2012

Document Number:

2172683**CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR**

This form is to be used for Certification of Clearance to transport product off lease. A Form 10 shall be filed for a well within 30 days of first production or a change of transporter/gatherer. A Form 10 shall be filed within 15 days of a change or transfer of ownership of a well, location, pit or facility. Documentation for ratification of sale or transfer of ownership must be attached for Change of Operator. **It is the Operator's responsibility to mail approved copies to the Transporter and/or Gatherer for each well listed.** This form is not used for well name or well status changes. For more information, visit [www.http://cogcc.state.co.us](http://cogcc.state.co.us)

OGCC Operator Number: 10273 Contact Person: APRIL PROHASKA
Company Name: HRM RESOURCES LLC Phone: (303) 893-6621
Address: 410 17TH STREET #1200 Fax: (303) 893-6892
City: DENVER State: CO Zip: 80202 Email: aprohaska@hrmresources.net

Operator Bond Status: ☒ Blanket Surety ID: 2009-0029 Individual Surety ID: see listing by individual well

☐ New Well Cert of Clearance ☒ Change of Operator ☐ Add/Change Transporter or Gatherer

Effective Date of Change Below 07/01/2012 Form is being submitted by: Buyer

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 44350 Name of NON-Submitting J-W OPERATING COMPANY
NON-submitting Operator is Seller Contact Name KELLY KRATTENMAKER Title: RM BUSINESS MANAGER
NON-submitting Operator Contact Email: _____

Add/Change Transporter or Gatherer

☐ Add ☐ Delete Product: ☐ Oil ☐ Gas

OGCC Transporter No: _____ Suffix: _____
Trans./Gatherer Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Email Contact: _____

Remark: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete. The transporter(s)/gatherer(s) is (are) authorized to transport the oil and/or gas produced from the listed well(s) and that this authorization will be valid until further notice to the transporter named herein or until cancelled by the Colorado Oil and Gas Conservation Commission.

SUBMITTED BY:

Signed: _____ Print Name: PROHASKA, APRIL
Title: PRODUCTION TECH Email: aprohaska@hrmresources.net Date: 10/05/2012

CHANGE OF OPERATOR:

Name of Buying Operator: HRM RESOURCES LLC Name of Selling Operator: J-W OPERATING COMPANY
Signature: _____ Date: 07/01/2012 Signature: _____ Date: 07/01/2012
Print Name: PROHASKA, APRIL Title: PRODUCTION TECH Print Name: KELLY KRATTENMAKER Title: RM BUSINESS MANAGER

COGCC Approved: Matthew Lee **Title:** Director of COGCC **Date:** 11/15/2012

State of Colorado
Oil and Gas Conservation Commission

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10273

Name of Operator: HRM RESOURCES LLC

FOR OGCC USE ONLY

| | | | |
|----------------------------------|-------------------------|--------------------------|--------------------------------|
| CENTRALIZED EP WASTE MGMT FAC: 0 | GAS STORAGE FACILITY: 0 | SERVICE SITE: 0 | UIC SIMULTANEOUS DISPOSAL: 0 |
| GAS COMPRESSOR: 0 | LOCATION: 0 | TANK BATTERY: 0 | UIC WATER TRANSFER STATION: 0 |
| GAS GATHERING SYSTEM: 0 | PIPELINE: 0 | UIC DISPOSAL: 0 | WATER GATHERING SYSTEM LINE: 0 |
| GAS PROCESSING PLANT: 0 | PIT: 0 | UIC ENHANCED RECOVERY: 0 | WELL: 1 |

Total Approved: 1 Total out of Total Total Submitted: 1 are listed below:

| # | TYPE | API | FAC ID | Loc# | Facility | | Location (QQ/S/T/R) | Surety ID | Transporter / Gatherer |
|---|------|-----------|--------|--------|----------|--------|------------------------|-----------|---------------------------|
| | | | | | Name | Number | | | |
| 1 | WELL | 107-06235 | 299310 | 316793 | STATE | 11-1 | Lot 8/1/6N/89W | | |

Total Deleted: 0 Total out of Total Total Submitted: 1 are listed below:

| # | TYPE | API | FAC ID | Loc# | Facility | | Location (QQ/S/T/R) | Surety ID | Transporter / Gatherer |
|---|------|-----|--------|------|----------|--------|------------------------|-----------|---------------------------|
| | | | | | Name | Number | | | |

Total Pending: 0 Total out of Total Total Submitted: 1 are listed below:

| # | TYPE | API | FAC ID | Loc# | Facility | | Location (QQ/S/T/R) | Surety ID | Transporter / Gatherer |
|---|------|-----|--------|------|----------|--------|------------------------|-----------|---------------------------|
| | | | | | Name | Number | | | |