

**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:

**11/15/2012**

Document Number:

**2543962****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: 95620 Contact Person: STEVEN JAMES  
Company Name: WESTERN OPERATING COMPANY Phone: (303) 893-2438  
Address: 518 17TH ST STE 200 Fax: (303) 629-5735  
City: DENVER State: CO Zip: 80202 Email: marta@westernoperating.com

Operator Bond Status: ☒ Blanket Surety ID: 1990-0035 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 11/08/2012 Form is being submitted by: Buyer

**Non-Submitting Operator Information:**

OGCC Number of NON-Submitting 10357 Name of NON-Submitting NOLTE\* C J LLC  
NON-submitting Operator is Seller Contact Name CLIFF NOLTE Title: 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: JAMES, STEVEN  
Title: PRESIDENT Email: marta@westernoperating.com Date: 10/10/2012

**CHANGE OF OPERATOR:**

Name of Buying Operator: WESTERN OPERATING COMPANY Name of Selling Operator: NOLTE\* C J LLC  
Signature: \_\_\_\_\_ Date: 11/08/2012 Signature: \_\_\_\_\_ Date: 11/08/2012  
Print Name: JAMES, STEVEN Title: PRESIDENT Print Name: CLIFF NOLTE Title: MANAGER

COGCC Approved: \_\_\_\_\_

Title: Director of COGCCDate: 11/28/2012

State of Colorado  
Oil and Gas Conservation Commission

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## CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 95620

Name of Operator: WESTERN OPERATING COMPANY

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	073-06485	430398	430399	CULLEN BOYERO	1-30	NWNE/30/12S/52		

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			