

**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:

12/05/2012

Document Number:

400354421**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: 66561 Contact Person: Joan Proulx  
Company Name: OXY USA INC Phone: (970) 263-3641  
Address: PO BOX 27757 Fax: (970) 263-3694  
City: HOUSTON State: TX Zip: 77227 Email: joan\_proulx@oxy.com

Operator Bond Status: ☐ Blanket Surety ID: \_\_\_\_\_ 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 12/01/2012 Form is being submitted by: \_\_\_\_\_

**Add/Change Transporter or Gatherer**

☐ **Add** ☒ **Delete** Product: ☒ **Oil** ☐ **Gas**

OGCC Transporter No: 16700 Suffix: \_\_\_\_\_  
Trans./Gatherer Name: CHEVRON USA INC  
Address: 6001 BOLLINGER CANYON RD City: SAN RAMON State: CA Zip: 94583  
Phone: (281) 682-5304 Email Contact: \_\_\_\_\_

☒ **Add** ☐ **Delete** Product: ☒ **Oil** ☐ **Gas**

OGCC Transporter No: 10262 Suffix: \_\_\_\_\_  
Trans./Gatherer Name: ENTERPRISE PRODUCTS OPERATING LLC  
Address: P O BOX 4324 City: HOUSTON State: TX Zip: 77210  
Phone: (970) 309-8441 Email Contact: bvkagan@eprod.com

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: Proulx,Joan  
Title: Regulatory Analyst Email: joan\_proulx@oxy.com Date: 12/05/2012

**COGCC Approved:** Matthew Lee **Title:** Director of COGCC **Date:** 02/14/2013

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

OGCC Operator Number: 66561

Name of Operator: OXY USA INC

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: 2	WATER GATHERING SYSTEM LINE: 0
GAS PROCESSING PLANT: 0	PIT: 0	UIC ENHANCED RECOVERY: 0	WELL: 1

Total Approved: 3 Total out of Total Total Submitted: 3 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	UIC DISPOSAL	045-	159391		LOGAN TRAIL		NESE/28/7S/97W		
2	UIC DISPOSAL		159275		LOGAN TRAIL 28-10				
3	WELL	045-10973	279039	335057	LOGAN TRAIL	28-7	NESE/28/7S/97W		10262

Total Deleted: 0 Total out of Total Total Submitted: 3 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: 3 are listed below:

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