

**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:

**05/14/2013**

Document Number:

**400411925****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: 100185 Contact Person: JENNIFER LIND  
Company Name: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5890  
Address: 370 17TH ST STE 1700 Fax: (720) 876-6890  
City: DENVER State: CO Zip: 80202-5632 Email: JENNIFER.LIND@ENCANA.COM

Operator Bond Status: ☒ Blanket Surety ID: 2012-0119 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 11/01/2012 Form is being submitted by: Seller

**Non-Submitting Operator Information:**

OGCC Number of NON-Submitting 10442 Name of NON-Submitting HUNTER RIDGE ENERGY SERVICES LLC  
NON-submitting Operator is Buyer Contact Name JENNIFER LIND Title: REGULATORY ANALYST  
NON-submitting Operator Contact Email: JENNIFER.LIND@ENCANA.COM

**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: ASSIGNMENT AND BILL SALE SIGNATURE PAGES BETWEEN ENCANA AND HUNTER RIDGE ARE ATTACHED.

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: JENNIFER LIND  
Title: REGULATORY ANALYST Email: JENNIFER.LIND@ENCANA.COM Date: 05/14/2013

**CHANGE OF OPERATOR:**

Name of Buying Operator: HUNTER RIDGE ENERGY SERVICES LLC Name of Selling Operator: ENCANA OIL & GAS (USA) INC  
Signature: \_\_\_\_\_ Date: 11/01/2012 Signature: \_\_\_\_\_ Date: 11/01/2012  
Print Name: JENNIFER LIND Title: REGULATORY ANALYST Print Name: JENNIFER LIND Title: REGULATORY ANALYST

**COGCC Approved:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**State of Colorado**  
**Oil and Gas Conservation Commission**

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400411925**CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR**

OGCC Operator Number: 100185

Name of Operator: ENCANA OIL &amp; GAS (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: 0	WATER GATHERING SYSTEM LINE: 0
GAS PROCESSING PLANT: 0	PIT: 0	UIC ENHANCED RECOVERY: 0	WELL: 8

Total Approved: 0 Total out of Total Total Submitted: 8 are listed below:

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

Total Deleted: 0 Total out of Total Total Submitted: 8 are listed below:

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

Total Pending: 8 Total out of Total Total Submitted: 8 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	045-21851	431332	431328	SG	WD16D-30	NESW/30/4S/95W		10442
2	WELL	045-21854	431335	431328	SG	WD14B-31	NESW/30/4S/95W		10442
3	WELL	045-21853	431334	431328	SG	WD14A-30	NESW/30/4S/95W		10442
4	WELL	045-21850	431330	431328	SG	WD09B-30	NESW/30/4S/95W		10442
5	WELL	045-21852	431333	431328	SG	WD08C-31	NESW/30/4S/95W		10442
6	WELL	045-21855	431339	431328	SG	WD06C-30	NESW/30/4S/95W		10442
7	WELL	045-21856	431340	431328	SG WD	03D-31 N30	NESW/30/4S/95W		10442
8	WELL	045-21857	431341	431328	SG	WD01D-30	NESW/30/4S/95W		10442