

**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:

06/04/2013

Document Number:

1534797**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: 10261 Contact Person: TOM BLYTH
Company Name: BAYSWATER EXPLORATION AND PRODUCTION LLC Phone: (303) 893-2503
Address: 730 17TH ST STE 610 Fax: (303) 893-2508
City: DENVER State: CO Zip: 80202 Email: TBLYTH@BAYSWATER.US

Operator Bond Status: ☒ Blanket Surety ID: 2008-0034 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 05/29/2013 Form is being submitted by: Buyer

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 26420 Name of NON-Submitting EDDY OIL COMPANY
NON-submitting Operator is Seller Contact Name EDDY MORGIGNO Title: PRESIDENT
NON-submitting Operator Contact Email: _____

Add/Change Transporter or Gatherer

☒ Add ☐ Delete Product: ☒ Oil ☐ Gas

OGCC Transporter No: 70505 Suffix: _____
Trans./Gatherer Name: PLAINS MARKETING LP
Address: 333 CLAY ST #1600 City: HOUSTON State: TX Zip: 77002
Phone: () Email Contact: _____

☒ Add ☐ Delete Product: ☐ Oil ☒ Gas

OGCC Transporter No: 4680 Suffix: _____
Trans./Gatherer Name: DCP MIDSTREAM LP
Address: 370 17TH STREET - SUITE 2500 City: DENVER State: CO Zip: 80202
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: BLYTH,TOM
Title: AGENT Email: TBLYTH@BAYSWATER.US Date: 05/30/2013

CHANGE OF OPERATOR:

Name of Buying Operator:

BAYSWATER EXPLORATION AND PRODUCTION LLC

Name of Selling Operator:

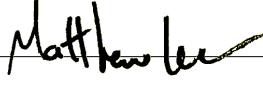
EDDY OIL COMPANY

Signature: _____ Date: 05/29/2013

Signature: _____ Date: 05/29/2013

Print Name: BLYTH,TOM Title: AGENT

Print Name: EDDY MORGIGNO Title: PRESIDENT

COGCC Approved: 

Title: Director of COGCC

Date: 08/15/2013

State of Colorado
Oil and Gas Conservation Commission

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1534797**CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR**OGCC Operator Number: 10261Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION 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: 2

Total Approved: 2 Total out of Total Total Submitted: 2 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	123-13282	245487	323617	BRANTNER	30-16	SESE/30/5N/65W		4680
	WELL		245487	323617					70505
2	WELL	123-13310	245515	323643	BRANTNER	30-9	NESE/30/5N/65W		4680
	WELL		245515	323643					70505

Total Deleted: 0 Total out of Total Total Submitted: 2 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: 2 are listed below:

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