



**OGCC RECEPTION**

Receive Date:  
**09/19/2013**

---

Document Number:  
**400445860**

**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: Judith Walter  
 Company Name: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702  
 Address: 370 17TH ST STE 1700 Fax: (720) 876-4702  
 City: DENVER State: CO Zip: 80202-5632 Email: judith.walter@encana.com

Operator Bond Status:  Blanket Surety ID: 2010-0017 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 10/02/2008 Form is being submitted by: Buyer

**Non-Submitting Operator Information:**  
 OGCC Number of NON-Submitting 19160 Name of NON-Submitting CONOCO PHILLIPS COMPANY  
 NON-submitting Operator is Seller Contact Name Kurt Froistad Title: Land 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: These two wells had conductors set by previous Operator, Conoco Phillips Company. We need to change Operator name in order to file Sundry Notice of plugging the Conductors. CP02D-33 E34 496 & CP07D-33 E34 497. Please find the attached approved Form 10's for 2 of the 4 wells that were originally permitted on this pad. DWU CP08B-33 E34 496 & DWU CP01B-33 E34 496.

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: Walter, Judith  
 Title: Regulatory Analyst Email: judith.walter@encana.com Date: 09/19/2013

**CHANGE OF OPERATOR:**

Name of Buying Operator: ENCANA OIL & GAS (USA) INC Name of Selling Operator: CONOCO PHILLIPS COMPANY

Signature: \_\_\_\_\_ Date: 10/02/2008 Signature: \_\_\_\_\_ Date: 10/02/2008  
 Print Name: Walter, Judith Title: Regulatory Analyst Print Name: Kurt Froistad Title: Land Manager

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

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:  
**400445860**

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

OGCC Operator Number: 100185

Name of Operator: ENCANA OIL & 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: 2

Total Approved: 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 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: 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	045-15095	293669	335928	DWU	CP02D-33	SWNW/34/4S/96		
2	WELL	045-15093	293667	335928	DWU	CP07D-33	SWNW/34/4S/96		