

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:  
**10/01/2013**  
Document Number:  
**400487970**

**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: 10203 Contact Person: Madeleine Lariviere  
Company Name: BLACK RAVEN ENERGY INC Phone: (303) 308-1330  
Address: 1331 17TH STREET - #350 Fax: (303) 308-1590  
City: DENVER State: CO Zip: 80202 Email: mlariviere@blackravenenergy.com

Operator Bond Status:  Blanket Surety ID: 2012-0067 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 08/08/2012 Form is being submitted by: Seller  
**Non-Submitting Operator Information:**  
OGCC Number of NON-Submitting 200149 Name of NON-Submitting ATLAS RESOURCES LLC DBA ATLAS ROCKIES  
NON-submitting Operator is Buyer Contact Name Colleen Davis Title: Regulatory  
NON-submitting Operator Contact Email: cdavis@atlasenergy.com

**Add/Change Transporter or Gatherer**

Add  Delete Product:  Oil  Gas  
OGCC Transporter No: 200149 Suffix: \_\_\_\_\_  
Trans./Gatherer Name: ATLAS RESOURCES LLC DBA ATLAS ROCKIES LLC  
Address: 3500 MASSILLON ROAD #100 City: UNIONTOWN State: OH Zip: 44685  
Phone: (330) 563-0203 Email Contact: cdavis@atlasenergy.com

Remark: The four wells on this form were missing from the original form 10 submitted by Atlas Resources LLC on 8/8/2012 (Doc # 2544375).

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: David Kunovic  
Title: VP Exploration Email: dkunovic@blackravenenergy.com Date: 10/01/2013

**CHANGE OF OPERATOR:**  
Name of Buying Operator: ATLAS RESOURCES LLC DBA ATLAS ROCKIES LLC Name of Selling Operator: BLACK RAVEN ENERGY INC  
Signature: \_\_\_\_\_ Date: 08/08/2012 Signature: \_\_\_\_\_ Date: 08/08/2012  
Print Name: Colleen Davis Title: Regulatory Print Name: David Kunovic Title: VP Exploration

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

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

OGCC Operator Number: 10203

Name of Operator: BLACK RAVEN ENERGY 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: 4

Total Approved: 0 Total out of Total Total Submitted: 4 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: 4 are listed below:

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

Total Pending: 4 Total out of Total Total Submitted: 4 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	095-06280	417287	417290	CLAYMON	843-6-44	SESE/6/8N/43W		200149
2	WELL	095-06394	426975	426969	On The Brink	843-3-14	SWSW/3/8N/43W		200149
3	WELL	115-06104	427401	427400	FULSCHER STATE	943-16-44	SESE/16/9N/43W		200149
4	WELL	095-06426	427477	427474	SAGEHORN	843-31-22	SENW/31/8N/43W		200149