

**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:

**11/12/2013**

Document Number:

**400510529****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: 16660 Contact Person: SETH SANDERS  
Company Name: CHESAPEAKE OPERATING INC Phone: (405) 935-2567  
Address: P O BOX 18496 Fax: (405) 849-2567  
City: OKLAHOMA CITY State: OK Zip: 73154-0496 Email: seth.sanders@chk.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 11/11/2013 Form is being submitted by: Buyer

**Non-Submitting Operator Information:**

OGCC Number of NON-Submitting 10431 Name of NON-Submitting CHAMA OIL & MINERALS LLC  
NON-submitting Operator is Seller Contact Name DAVE MINYARD Title: OPERATIONS MANAGER  
NON-submitting Operator Contact Email: dminyard@exsoc.com

**Add/Change Transporter or Gatherer**

☒ Add ☐ Delete Product: ☒ Oil ☐ Gas

OGCC Transporter No: 27747 Suffix: \_\_\_\_\_  
Trans./Gatherer Name: ENSERCO ENERGY INC  
Address: 7333 W JEFFERSON AVE STE 170 City: LAKEWOOD State: CO Zip: 80235  
Phone: (303) 566-3497 Email Contact: dawn.gilbert@termna.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: SANDERS,SETH  
Title: SUPERVISOR- REG AFFAIRS Email: seth.sanders@chk.com Date: 11/12/2013

**CHANGE OF OPERATOR:**

Name of Buying Operator: CHESAPEAKE OPERATING INC Name of Selling Operator: CHAMA OIL & MINERALS LLC  
Signature: \_\_\_\_\_ Date: 11/11/2013 Signature: \_\_\_\_\_ Date: 11/11/2013  
Print Name: SANDERS,SETH Title: SUPERVISOR- REG AFFAIRS Print Name: DAVE MINYARD Title: OPERATIONS MANAGER

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

# State of Colorado

## Oil and Gas Conservation Commission

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Document Number:

**400510529****CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR**

OGCC Operator Number: 16660

Name of Operator: CHESAPEAKE OPERATING 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: 10

Total Approved: 0      Total out of Total Total Submitted: 10      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: 10      are listed below:

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

Total Pending: 10      Total out of Total Total Submitted: 10      are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	017-07727	431414	430382	PRONGHORN STATE	1-P	SESE/16/15S/48w		27747
2	WELL	017-07769	434145	434146	NICOLARSEN 20-15-	1-H	NWNW/20/15S/48		27747
3	WELL	017-07768	434040	434041	HEART 22-15-48	1-H	NENE/22/15S/48		27747
4	WELL	017-07758	433683	433711	LARSEN 28-15-48	1-H	NENW/28/15S/48		27747
5	WELL	017-07729	430374	430380	KERN STATE 36-16-	1H	NENE/36/16S/46		27747
6	WELL	061-06885	433277	433284	MCBRYDE STATE 16-	1P	NWNE/16/17S/48		27747
7	WELL	061-06886	433285	433284	MCBRYDE STATE 16-	1-H	NWNE/16/17S/48		27747
8	WELL	061-06881	430831	430830	WEIMER STATE 16-	1-H	NENE/16/19S/47		27747
9	WELL	061-06882	432674	432675	FISCHER STATE 16-	1-H	NWNW/16/19S/48		27747
10	WELL	011-06200	430233	430234	BROWN 28-24-49	1	NENE/28/24S/49		27747