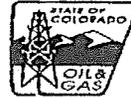


FORM
10
Rev 10/12

State of Colorado
Oil and Gas Conservation Commission

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



DE	
FOR OGCC USE ONLY	

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

Form 10 is used for Certification of Clearance to transport product off lease. A Form 10 shall be filed within 15 days of a change or transfer of ownership of a well, location or facility. A Form 10 Certification of Clearance shall be filed within 30 days of initial sales or change of transporter gatherer. It is the Operator's responsibility to provide approved copies to the Transporter and/or Gatherer for each well listed. For more information visit www.cogcc.state.co.us.

1. OGCC Operator Number: 10431	4. Contact Name: Dave Minyard
2. Name of Operator: Chama Oil & Minerals LLC	Phone: 405 - 843 - 5566
3. Address: P O Box 50203	Fax: 405 - 843 - 5666
City: Midland State: TX Zip: 79710	Email: dminyard@exsoc.com

Operator Bond Status Blanket Individual Surety ID# _____

New Well Certification of Clearance
 Change of Operator Add/Change Transporter or Gatherer Effective Date of Change: _____

Transporter or Gatherer Information

<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: 27742 Transporter/Gatherer Name: ENSERCO ENERGY LLC	
Address: 1515 WYNKOOP STREET, SUITE 550	City: DENVER State: CO Zip: 80202
Area Code and Phone Number: 303 - 566 - 3497	Email Contact: dawn.gilbert@termna.com

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: _____ Transporter/Gatherer Name: _____	
Address: _____	City: _____ State: _____ Zip: _____
Area Code and Phone Number: _____	Email Contact: _____

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: _____ Transporter/Gatherer Name: _____	
Address: _____	City: _____ State: _____ Zip: _____
Area Code and Phone Number: _____	Email Contact: _____

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: _____ Transporter/Gatherer Name: _____	
Address: _____	City: _____ State: _____ Zip: _____
Area Code and Phone Number: _____	Email Contact: _____

Remarks: _____

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 all 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: *[Signature]* Print Name: Davie Minyard
 Title: Operations Manager Email: dminyard@exsoc.com Date: 11/11/2013

CHANGE OF OPERATOR:

Name of Buying Operator: Chesapeake Operating, Inc.	Name of Selling Operator: Chama Oil & Minerals LLC
Signature: <i>[Signature]</i> Date: 11-08-13	Signature: <i>[Signature]</i> Date: 11/11/2013
Print Name/Title: _____ Email: _____	Print Name/Title: _____ Email: _____

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]