

**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:

01/15/2014

Document Number:

400540357**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:	JENNIFER LIND
Company Name:	ENCANA OIL & GAS (USA) INC	Phone:	(720) 876-5890
Address:	370 17TH ST STE 1700	Fax:	(720) 876-6890
City:	DENVER	Email:	JENNIFER.LIND@ENCANA.COM
State:	CO		
Zip:	80202-5632		
Operator Bond Status:	<input checked="" type="checkbox"/> Blanket	Surety ID:	2009-0011
		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 **01/16/2014** Form is being submitted by: **Buyer**

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 52250 Name of NON-Submitting MACHII-ROSS PETROLEUM CO
NON-submitting Operator is Seller Contact Name Edward Sato Title: Co-General Manager
NON-submitting Operator Contact Email: esato_tsk@verizon.net

Add/Change Transporter or Gatherer

☒ Add ☐ Delete Product: ☐ Oil ☒ Gas

OGCC Transporter No: 100185 Suffix: _____
Trans./Gatherer Name: ENCANA OIL & GAS (USA) INC
Address: 370 17TH ST STE 1700 City: DENVER State: CO Zip: 80202-5632
Phone: (720) 876-5890 Email Contact: jennifer.lind@encana.com

Remark: Assignment and signed Form 10 from selling operator are attached. Effective date of change of operator is 1/16/14.

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: JENNIFER LIND
Title: REGULATORY ANALYST Email: JENNIFER.LIND@ENCANA.COM Date: 01/15/2014

CHANGE OF OPERATOR:

Name of Buying Operator:	Name of Selling Operator:
<u>ENCANA OIL & GAS (USA) INC</u>	<u>MACHII-ROSS PETROLEUM CO</u>
Signature: _____ Date: <u>01/16/2014</u>	Signature: _____ Date: <u>01/16/2014</u>
Print Name: <u>JENNIFER LIND</u> Title: <u>REGULATORY ANALYST</u>	Print Name: <u>Edward Sato</u> Title: <u>Co-General Manager</u>

COGCC Approved: _____ **Title:** _____ **Date:** _____

State of Colorado

Oil and Gas Conservation Commission

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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: 9

Total Approved: 0 Total out of Total Total Submitted: 9 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: 9 are listed below:

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

Total Pending: 9 Total out of Total Total Submitted: 9 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	123-13636	245841	326770	MARTINSON	23-24C	NESW/24/4N/66W		100185
2	WELL	123-08311	240523	333011	SEGAL, SAM	41-24	NENE/24/4N/66W		100185
3	WELL	123-09053	241265	318421	SEGAL, SAM	21-24	NENW/24/4N/66W		100185
4	WELL	123-13635	245840	326769	SEGAL	32-24C	SWNE/24/4N/66W		100185
5	WELL	123-13634	245839	326768	SEGAL	12-24C	SWNW/24/4N/66		100185
6	WELL	123-14823	247026	327536	SPRAGUE	1-9	NENW/9/2N/67W		100185
7	WELL	123-20578	261213	331371	SPRAGUE	23-9 J	NESW/9/2N/67W		100185
8	WELL	123-20582	261210	331372	SPRAGUE	22-9 J	SENW/9/2N/67W		100185
9	WELL	123-07257	239470	317567	SPRAGUE	1	SESW/9/2N/67W		100185