

FORM  
10Rev  
10/12State 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 State: CO Zip: 80202-5632 Email: JENNIFER.LIND@ENCANA.COM

Operator Bond Status: ☒ Blanket Surety ID: 2005-0043 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: ENCANA OIL & GAS (USA) INC Name of Selling Operator: MACHII-ROSS PETROLEUM CO  
Signature: \_\_\_\_\_ Date: 01/16/2014 Signature: \_\_\_\_\_ Date: 01/16/2014  
Print Name: JENNIFER LIND Title: REGULATORY ANALYST Print Name: Edward Sato Title: Co-General Manager

COGCC Approved: Matthew Lee Title: Director of COGCC Date: 02/24/2014

# 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:

400540357**CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR**

OGCC Operator Number: 100185

Name of Operator: ENCANA OIL &amp; 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: 9      Total out of Total Total Submitted: 9      are listed below:

| # | TYPE | API       | FAC ID | Loc#   | Facility   |        | Location<br>(QQ/S/T/R) | Surety ID | Transporter<br>/ 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                    |

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

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

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

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