

**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:

07/31/2014

Document Number:

2091419**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:	10071	Contact Person:	TRACY FALLANG
Company Name:	BARRETT CORPORATION* BILL	Phone:	(303) 312-8134
Address:	1099 18TH ST STE 2300	Fax:	()
City:	DENVER	State:	CO
Zip:	80202	Email:	MPOBUDA@BILLBARRETTCORP.COM
Operator Bond Status:	<input checked="" type="checkbox"/> Blanket	Surety ID:	2004-0060
		Individual Surety ID:	<u>see listing by individual well</u>

☐ **New Well Cert of Clearance** ☒ **Change of Operator** ☐ **Add/Change Transporter or Gatherer**

Effective Date of Change Below 04/01/2012 Form is being submitted by: Buyer

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 27742 Name of NON-Submitting EOG RESOURCES INC
NON-submitting Operator is Seller Contact Name J MICHAEL SCHWEEN Title: AGENT
NON-submitting Operator Contact Email: _____

Add/Change Transporter or Gatherer

☐ **Add** ☐ **Delete** Product: ☐ **Oil** ☐ **Gas**

OGCC Transporter No: _____ Suffix: _____
Trans./Gatherer Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Email Contact: _____

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: FALLANG,TRACY
Title: AGENT Email: MPOBUDA@BILLBARRETTCORP.COM Date: 07/13/2012

CHANGE OF OPERATOR:

Name of Buying Operator:	Name of Selling Operator:
<u>BARRETT CORPORATION* BILL</u>	<u>EOG RESOURCES INC</u>
Signature: _____ Date: <u>04/01/2012</u>	Signature: _____ Date: <u>04/01/2012</u>
Print Name: <u>FALLANG,TRACY</u> Title: <u>AGENT</u>	Print Name: <u>J MICHAEL SCHWEEN</u> Title: <u>AGENT</u>

COGCC Approved: Matthew Lee **Title:** Director of COGCC **Date:** 08/06/2014

State of Colorado
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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10071

Name of Operator: BARRETT CORPORATION* BILL

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: 1

Total Approved: 1 Total out of Total Total Submitted: 1 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	123-35838	429579	429580	Anschutz Spring Lake	16-24H	SESE/24/4N/62W		

Total Deleted: 0 Total out of Total Total Submitted: 1 are listed below:

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

Total Pending: 0 Total out of Total Total Submitted: 1 are listed below:

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