

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:

11/21/2014

Document Number:

400734145

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://ogcc.state.co.us

OGCC Operator Number: 10261 Contact Person: Donald Barbula  
Company Name: BAYSWATER EXPLORATION AND PRODUCTION LLC Phone: (303) 893.2503  
Address: 730 17TH ST STE 610 Fax: (303) 893.2508  
City: DENVER State: CO Zip: 80202 Email: DBarbula@Bayswater.us

Operator Bond Status:  Blanket Surety ID: 2013-0028 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 10/14/2014 Form is being submitted by: Seller

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 10459 Name of NON-Submitting EXTRACTION OIL & GAS LLC  
NON-submitting Operator is Buyer Contact Name Matt Owens Title: President  
NON-submitting Operator Contact Email: MOwens@ExtractionOG.com

Add/Change Transporter or Gatherer

Add  Delete Product:  Oil  Gas

OGCC Transporter No: 4680 Suffix: \_\_\_\_\_  
Trans./Gatherer Name: DCP MIDSTREAM LP  
Address: 370 17TH STREET - SUITE 2500 City: DENVER State: CO Zip: 80202  
Phone: ( ) Email Contact: \_\_\_\_\_

Add  Delete Product:  Oil  Gas

OGCC Transporter No: 10478 Suffix: \_\_\_\_\_  
Trans./Gatherer Name: DEVLAR ENERGY MARKETING LLC  
Address: 384 INVERNESS PKWY #150 City: ENGLEWOOD State: CO Zip: 80134  
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: Barbula,Donald  
Title: Sr. V. P. of Operations Email: DBarbula@Bayswater.us Date: 11/21/2014

**CHANGE OF OPERATOR:**

Name of Buying Operator:

Name of Selling Operator:

**EXTRACTION OIL & GAS LLC**

**BAYSWATER EXPLORATION AND PRODUCTION LLC**

Signature: \_\_\_\_\_ Date: 10/14/2014

Signature: \_\_\_\_\_ Date: 10/14/2014

Print Name: Matt Owens Title: President

Print Name: Barbula, Donald Title: Sr. V. P. of Operations

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

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

OGCC Operator Number: 10261  
Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION LLC

**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: 1	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: 7

Total Approved: 0 Total out of Total Total Submitted: 8 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: 8 are listed below:

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

Total Pending: 8 Total out of Total Total Submitted: 8 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	123-38175	434449	434454	Windsor LV	F-14H	NENE/14/6N/67W		4680
	WELL		434449	434454					10478
2	WELL	123-38179	434456	434454	Windsor LV	E-14H	NENE/14/6N/67W		4680
	WELL		434456	434454					10478
3	WELL	123-38173	434447	434454	Windsor LV	D-14H	NENE/14/6N/67W		4680
	WELL		434447	434454					10478
4	WELL	123-38167	434441	434454	Windsor LV	C-14H	NENE/14/6N/67W		4680
	WELL		434441	434454					10478
5	WELL	123-38168	434442	434454	Windsor LV	B-14H	NENE/14/6N/67W		4680
	WELL		434442	434454					10478
6	WELL	123-39054	436337	434454	Windsor LV	G-14H	NENE/14/6N/67W		4680
	WELL		436337	434454					10478
7	WELL	123-39053	436336	434454	Windsor LV	A-14H	NENE/14/6N/67W		4680
	WELL		436336	434454					10478
8	LOCATION	123-	434454	434454	Windsor LV Pad		NENE/14/6N/67W		