

**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:

01/14/2015

Document Number:

400762377**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: 76840 Contact Person: Jeff Schneider
Company Name: SCHNEIDER ENERGY SERVICES INC Phone: (970) 867-9437
Address: P O BOX 889 Fax: (970) 867-9137
City: FORT MORGAN State: CO Zip: 80701 Email: jeff@schneiderenrgy.com

Operator Bond Status: ☒ Blanket Surety ID: 2013-0007 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 01/01/2015 Form is being submitted by: Seller

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 10474 Name of NON-Submitting MENDELL FINISTERRE II LLC
NON-submitting Operator is Buyer Contact Name Rob Ayling Title: President
NON-submitting Operator Contact Email: dunruh@mendellenergy.com

Add/Change Transporter or Gatherer

☒ Add ☐ Delete Product: ☐ Oil ☒ Gas
OGCC Transporter No: 2800 Suffix: _____
Trans./Gatherer Name: ANADARKO E&P ONSHORE LLC
Address: PO BOX 173779 City: DENVER State: CO Zip: 80217-3779
Phone: () Email Contact: _____

☒ Add ☐ Delete Product: ☒ Oil ☐ Gas
OGCC Transporter No: 83720 Suffix: _____
Trans./Gatherer Name: SUNCOR ENERGY (USA) INC
Address: 717 17TH STREET #2900 City: DENVER State: CO Zip: 80202
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: Schneider, Jeff
Title: President Email: jeff@schneiderenrgy.com Date: 12/31/2014

CHANGE OF OPERATOR:

Name of Buying Operator:

MENDELL FINISTERRE II LLC

Name of Selling Operator:

SCHNEIDER ENERGY SERVICES INC

Signature: _____

Date: 01/01/2015

Signature: _____

Date: 01/01/2015

Print Name: Rob Ayling

Title: President

Print Name: Schneider,Jeff

Title: President

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: 76840

Name of Operator: SCHNEIDER ENERGY SERVICES 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: 4

Total Approved: 0 Total out of Total Total Submitted: 4 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: 4 are listed below:

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

Total Pending: 4 Total out of Total Total Submitted: 4 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
2	WELL	001-07097	201694	311268	DARLOW UNIT	12-16B	SESE/12/1S/68W		2800
	WELL		201694	311268					83720
3	WELL	001-08192	202787	311269	PULIS	12-8	SESE/12/1S/68W		2800
	WELL		202787	311269					83720
4	WELL	001-09365	203805	335733	TUDEX REINHOLT	NC4	NWNE/12/1S/68W		2800
	WELL		203805	335733					83720
5	WELL	001-08919	203410	320302	ELMS	2	SENE/12/1S/68W		2800
	WELL		203410	320302					83720