

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:
02/17/2015

Document Number:
400793185

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: <u>10548</u>	Contact Person: <u>April Prohaska</u>
Company Name: <u>HRM RESOURCES II LLC</u>	Phone: <u>(303) 893-6621</u>
Address: <u>410 17TH STREET #1100</u>	Fax: <u>(303) 893-6892</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>aprohaska@hrmres.com</u>

Operator Bond Status: Blanket Surety ID: 2015-0009 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 12/14/2014 Form is being submitted by: Buyer

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 18795 Name of NON-Submitting COLTON LIMITED LIABILITY CO
 NON-submitting Operator is Seller Contact Name Thomas Metzger Title: Manager
 NON-submitting Operator Contact Email: tmetzger@bsegllc.com

Add/Change Transporter or Gatherer

Add Delete Product: Oil Gas

OGCC Transporter No: 70505 Suffix: _____
 Trans./Gatherer Name: PLAINS MARKETING LP
 Address: 333 CLAY ST #1600 City: HOUSTON State: TX Zip: 77002
 Phone: (713) 6464323 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: April Prohaska
 Title: Production Tech Email: aprohaska@hrmres.com Date: 02/17/2015

CHANGE OF OPERATOR:

Name of Buying Operator: HRM RESOURCES II LLC	Name of Selling Operator: COLTON LIMITED LIABILITY CO
Signature: _____ Date: <u>12/14/2014</u>	Signature: _____ Date: <u>12/14/2014</u>
Print Name: <u>April Prohaska</u> Title: <u>Production Tech</u>	Print Name: <u>Thomas Metzger</u> Title: <u>Manager</u>

COGCC Approved: *Matthew Lee* Title: Director of COGCC Date: 03/12/2015

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10548

Name of Operator: HRM RESOURCES II 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: 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: 1	UIC ENHANCED RECOVERY: 0	WELL: 1

Total Approved: 2 Total out of Total Total Submitted: 2 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	123-07337	239550	317608	UPRR-BERGREN	1-C	NENW/27/12N/57		70505
2	PIT	123-	100583	317608	UPRR Bergren 1-C		NENW/27/12N/57		

Total Deleted: 0 Total out of Total Total Submitted: 2 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: 2 are listed below:

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