

**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:

04/09/2015

Document Number:

400790888**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:	66561	Contact Person:	Joan Proulx
Company Name:	OXY USA INC	Phone:	(970) 263-3641
Address:	760 HORIZON DR #101	Fax:	(970) 263-3694
City:	GRAND JUNCTION	Email:	joan_proulx@oxy.com
State:	CO	Zip:	81506

Operator Bond Status:	<input checked="" type="checkbox"/> Blanket	Surety ID:	1997-0026	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 **05/01/2014** Form is being submitted by: **Seller**

Non-Submitting Operator Information:

OGCC Number of NON-Submitting **56565** Name of NON-Submitting **MERIT ENERGY COMPANY**
NON-submitting Operator is **Buyer** Contact Name **Arlene Valliquette** Title: **Regulatory Manager**
NON-submitting Operator Contact Email: **arlene.valliquette@meritenergy.com**

Add/Change Transporter or Gatherer

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

OGCC Transporter No: **18600** Suffix: _____
Trans./Gatherer Name: **COLORADO INTERSTATE GAS COMPANY LLC**
Address: **P O BOX 1087** City: **COLORADO SPRINGS** State: **CO** Zip: **80944**
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: **Proulx,Joan**
Title: **Regulatory Analyst** Email: **joan_proulx@oxy.com** Date: **04/09/2015**

CHANGE OF OPERATOR:

Name of Buying Operator:	Name of Selling Operator:
MERIT ENERGY COMPANY	OXY USA INC
Signature: _____	Signature: _____
Date: 05/01/2014	Date: 05/01/2014
Print Name: Arlene Valliquette	Print Name: Proulx,Joan
Title: Regulatory Manager	Title: Regulatory Analyst

COGCC Approved: _____

Title: _____

Date: _____

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:

400790888

CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 66561

Name of Operator: OXY 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: 10 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: 10

Total Approved: 0 Total out of Total Total Submitted: 20 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: 20 are listed below:

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

Total Pending: 20 Total out of Total Total Submitted: 20 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	099-06362	228035	314208	BAILEY	C-2	NESW/28/23S/47		18600
2	LOCATION	099-	314208	314208	BAILEY-623S47W	28NESW	NESW/28/23S/47		
4	LOCATION		314185	314185	STAKER-625S47W	7SWSE	SWSE/7/25S/47W		
6	LOCATION		314183	314183	ELLENBERGER-	18CNE	CNE/18/25S/47W		
3	WELL	099-06146	227820	314185	STAKER	A-1	SWSE/7/25S/47W		18600
5	WELL	099-06138	227812	314183	ELLENBERGER	1	CNE/18/25S/47W		18600
7	WELL	061-06074	212714	384295	THOMPSON A	1	SWSW/8/17S/48W		18600
8	LOCATION	061-	384295	384295	THOMPSON A-	8SWSW	SWSW/8/17S/48W		
10	LOCATION		384690	384690	SOUTHARD 'A'-	6CNW	CNW/6/18S/41W		
12	LOCATION		384730	384730	LEATHERS A-	1SENE	SENE/1/18S/42W		
14	LOCATION		384317	384317	STATE A-619S42W	16NWSE	NWSE/16/19S/42		
16	LOCATION		324825	324825	STATE-619S47W	21NESE	NESE/21/19S/47		
18	LOCATION		324855	324855	SPRING STATE-	29NENE	NENE/29/19S/47		
20	LOCATION		324817	324817	NEGLEY A-620S48W	30NWSE	NWSE/30/20S/48		
9	WELL	061-06530	213168	384690	SOUTHARD 'A'	1	CNW/6/18S/41W		18600
11	WELL	061-06572	213210	384730	LEATHERS A	2	SENE/1/18S/42W		18600
13	WELL	061-06100	212740	384317	STATE A	1	NWSE/16/19S/42		18600
15	WELL	061-06331	212970	324825	STATE	1	NESE/21/19S/47		18600
17	WELL	061-06590	213228	324855	SPRING STATE	1-29	NENE/29/19S/47		18600
19	WELL	061-06233	212873	324817	NEGLEY A	1	NWSE/30/20S/48		18600