

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: Document Number: 400870586

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

cc.state.co.us

for well name or well status changes. For more information, visit www.http://co

Contact Person: KYLE ROANE Phone: (713) 588-8370 Fax: (713) 588-8301 Email: KROANE@MEMORIALRD.COM

OGCC Operator Number: 10526 Company Name: MRD OPERATING LLC Address: 500 DALLAS STREET #1800 City: HOUSTON State: TX Zip: 77

15-0037 Individual Surety ID: see listing by individual well

Operator Bond Status: [X] Blanket Surety ID: 20

of Operator [] Add/Change Transporter or Gatherer

[] New Well Cert of Clearance [X] Change

Form is being submitted by: Seller

Effective Date of Change Below 04/17/2015

Name of NON-Submitting CPX II OPERATING LLC Name DANIEL GRIFFITH Title: CFO Email: DGRIFITH@CPXOIL.COM

Non-Submitting Operator Information: OGCC Number of NON-Submitting 10570 NON-submitting Operator is Buyer Contact Name: NON-submitting Operator Contact Email: DGRIFITH@CPXOIL.COM

Transporter or Gatherer

Add/Change

Product: [X] Oil [] Gas City: OKLAHOMA CITY State: OK Zip: 73102

[X] Add [] Delete OGCC Transporter No: 86033 Suffix: Trans./Gatherer Name: ENTERPRISE CRUDE OIL LLC Address: 210 PARK AVE STE 1500

Product: [] Oil [X] Gas City: SALT LAKE CITY State: UT Zip: 84106

[X] Add [] Delete OGCC Transporter No: 10146 Suffix: Trans./Gatherer Name: SUMMIT OPERATING LLC Address: 1245 BRICKYARD RD #210

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.

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.

Print Name: ROANE,KYLE Date: 7/20/15 Email: KROANE@MEMORIALRD.COM

SUBMITTED BY: Signed: [Signature] Title: SR VP

CHANGE OF OPERATOR:

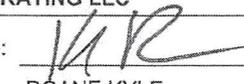
Name of Buying Operator:

Name of Selling Operator:

CPX II OPERATING LLC

MRD OPERATING LLC

Signature:  Date: 04/17/2015

Signature:  Date: 04/17/2015

Print Name: DANIEL GRIFFITH Title: CFO

Print Name: ROANE, KYLE Title: SR VP

COGCC Approved: _____

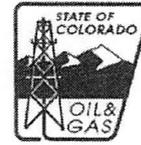
Title: _____

Date: _____

FORM
10

State of Colorado Oil and Gas Conservation Commission

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Document Number:
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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10526

Name of Operator: MRD OPERATING 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: 0	UIC ENHANCED RECOVERY: 0	WELL: 1

Total Approved: 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 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: 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	045-16950	297750	334460	TPR	143-36	SWNE/36/7S/94W		10146
	WELL		297750	334460					86033