

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 <http://www.http://co>

Contact Person: KYLE ROANE

Phone: (713) 588-8370

Fax: (713) 588-8301

Email: KROANE@MEMORIALRD.COM

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

☐ of Operator ☐ Add/Change Transporter or Gatherer

Form is being submitted by: Seller

Name of NON-Submitting CPX II OPERATING LLC

Name DANIEL GRIFFITH

Title: CFO

PXOIL.COM

Transporter or Gatherer

Product: ☒ Oil ☐ GasCity: OKLAHOMA State: OK Zip: 73102
CITY

Contact:

Product: ☐ Oil ☒ Gas

City: SALT LAKE CITY State: UT Zip: 84106

Contact:

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 Colorado Oil and Gas Conservation Commission.

Print Name: ROANE, KYLE

Email: KROANE@MEMORIALRD.COM

Date: 7/20/15

OGCC Operator Number: 10526

Company Name: MRD OPERATING LLC

Address: 500 DALLAS STREET #1800

City: HOUSTON State: TX Zip: 77

Operator Bond Status: ☒ Blanket Surety ID: 20
☐ New Well Cert of Clearance ☒ Change

Effective Date of Change Below 04/17/2015

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 10570

NON-submitting Operator is Buyer Contact Name

NON-submitting Operator Contact Email: DGRIFITH@C

Add/Change

☒ Add ☐ Delete

OGCC Transporter No: 86033 Suffix:

Trans./Gatherer Name: ENTERPRISE CRUDE OIL LLC

Address: 210 PARK AVE STE 1500

Phone: () Email C

☒ Add ☐ Delete

OGCC Transporter No: 10146 Suffix:

Trans./Gatherer Name: SUMMIT OPERATING LLC

Address: 1245 BRICKYARD RD #210

Phone: () Email C

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 Colorado Oil and Gas Conservation Commission.

SUBMITTED BY:

Signed:

Title: SR VP

Email:

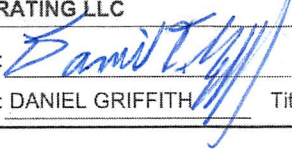
CHANGE OF OPERATOR:

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: _____

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Oil and Gas Conservation Commission

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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