

**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:

07/20/2015

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 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: 10526 Contact Person: KYLE ROANE
Company Name: MRD OPERATING LLC Phone: (713) 588-8370
Address: 500 DALLAS STREET #1800 Fax: (713) 588-8301
City: HOUSTON State: TX Zip: 77002 Email: KROANE@MEMORIALRD.COM

Operator Bond Status: ☒ Blanket Surety ID: 2014-0077 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 04/17/2015 Form is being submitted by: Seller

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 10570 Name of NON-Submitting CPX II OPERATING LLC
NON-submitting Operator is Buyer Contact Name DANIEL GRIFFITH Title: CFO
NON-submitting Operator Contact Email: DGRIFFITH@CPXOIL.COM

Add/Change Transporter or Gatherer

☒ Add ☐ Delete Product: ☒ Oil ☐ Gas

OGCC Transporter No: 86033 Suffix: _____
Trans./Gatherer Name: ENTERPRISE CRUDE OIL LLC
Address: 210 PARK AVE STE 1500 City: OKLAHOMA CITY State: OK Zip: 73102
Phone: () Email Contact: _____

☒ Add ☐ Delete Product: ☐ Oil ☒ Gas

OGCC Transporter No: 10146 Suffix: _____
Trans./Gatherer Name: SUMMIT OPERATING LLC
Address: 1245 BRICKYARD RD #210 City: SALT LAKE CITY State: UT Zip: 84106
Phone: () Email Contact: _____

Remark: The referenced well 05-045-16950 TPR 143-36 on this Form 10 was left off of the originally submitted and approved Form 10 Document Number 400822302 that was approved on 6/17/15. Please find attached the ratification document stating that this TPR 143-36 APD/Well should also be transferred to CPX II Operating LLC effective 4/17/15.

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: Ame McKenney
Title: Regulatory Analyst Email: amckenney@progressivepcs.net Date: 07/20/2015

CHANGE OF OPERATOR:

Name of Buying Operator:

CPX II OPERATING LLC

Name of Selling Operator:

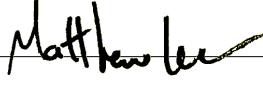
MRD OPERATING LLC

Signature: _____ Date: 04/17/2015

Signature: _____ Date: 04/17/2015

Print Name: DANIEL GRIFFITH Title: CFO

Print Name: Ame McKenney Title: Regulatory Analyst

COGCC Approved: 

Title: Director of COGCC

Date: 08/21/2015

State of Colorado
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: 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		

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: 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			