

**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:

**10/07/2015**

Document Number:

**2209708****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: 10550 Contact Person: SHANNON MARTIN  
Company Name: MUSTANG RESOURCES LLC Phone: (720) 550-7507  
Address: 1660 LINCOLN STREET SUITE 1450 Fax: ( )  
City: DENVER State: CO Zip: 80264 Email: SMARTIN@MUSTANGRESOURCESLLC.COM

Operator Bond Status: ☒ Blanket Surety ID: 2015-0015 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 01/01/2015 Form is being submitted by: Buyer

**Non-Submitting Operator Information:**

OGCC Number of NON-Submitting 10318 Name of NON-Submitting VAQUERO ENERGY INC  
NON-submitting Operator is Seller Contact Name CARY NIKKEL Title: CFO  
NON-submitting Operator Contact Email: \_\_\_\_\_

**Add/Change Transporter or Gatherer**

☒ Add ☐ Delete Product: ☐ Oil ☒ Gas

OGCC Transporter No: 100321 Suffix: \_\_\_\_\_  
Trans./Gatherer Name: ROCKY MOUNTAIN NATURAL GAS LLC  
Address: 600 12TH STREET #300 City: GOLDEN State: CO Zip: 80401  
Phone: ( ) Email Contact: \_\_\_\_\_

☒ Add ☐ Delete Product: ☐ Oil ☒ Gas

OGCC Transporter No: 96701 Suffix: \_\_\_\_\_  
Trans./Gatherer Name: WILLIAMS FIELD SERVICES LLC  
Address: PO BOX 3483 City: TULSA State: OK Zip: 74172  
Phone: ( ) Email Contact: \_\_\_\_\_

☒ 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: \_\_\_\_\_

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: MARTIN,SHANNON

Title: VP LAND

Email: SMARTIN@MUSTANGRESOURCESLLC.COM Date: 10/09/2015

**CHANGE OF OPERATOR:**

Name of Buying Operator:

Name of Selling Operator:

MUSTANG RESOURCES LLC

VAQUERO ENERGY INC

Signature: \_\_\_\_\_ Date: 01/01/2015

Signature: \_\_\_\_\_ Date: 01/01/2015

Print Name: MARTIN,SHANNON Title: VP LAND

Print Name: CARY NIKKEL Title: CFO

**COGCC Approved:** 

**Title:** Director of COGCC

**Date:** 10/09/2015

# State of Colorado

## Oil and Gas Conservation Commission

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2209708**CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR**OGCC Operator Number: 10550Name of Operator: MUSTANG RESOURCES 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	081-06750	223386	313027	STATE	5-36	SWSW/36/9N/91		86033
	WELL		223386	313027					96701
	WELL		223386	313027					100321

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			