

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:

401098361

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: 68710 Contact Person: Katie Davis
Company Name: PETERSON ENERGY OPERATING INC Phone: (970) 6697411
Address: 2154 W EISENHOWER BLVD Fax: (970) 6694077
City: LOVELAND State: CO Zip: 80537 Email: katie@petersonenergyoperating.com

Operator Bond Status: ☒ Blanket Surety ID: 2014-0111 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 9/1/16 Form is being submitted by: Seller

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 10542 Name of NON-Submitting CUB CREEK ENERGY
NON-submitting Operator is Buyer Contact Name Bob Gardner Title: President and CEO
NON-submitting Operator Contact Email: Bob.Gardner@Cub-Creek.com

Add/Change Transporter or Gatherer

☒ Add ☐ Delete Product: ☒ Oil ☐ Gas

OGCC Transporter No: 83720 Suffix: _____
Trans./Gatherer Name: SUNCOR ENERGY (USA) INC
Address: 717 17TH STREET #2900 City: DENVER State: CO Zip: 80202
Phone: (303) 4638799 Email Contact: ashley@extexllc.com

☒ Add ☐ Delete Product: ☐ Oil ☒ Gas

OGCC Transporter No: 4680 Suffix: _____
Trans./Gatherer Name: DCP MIDSTREAM LP
Address: 370 17TH STREET - SUITE 2500 City: DENVER State: CO Zip: 80202
Phone: (303) 6051760 Email Contact: RHumphries@DCPMidstream.com

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:
Title: President

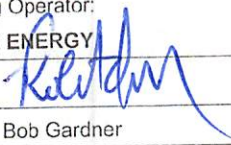
Print Name: Andrew Peterson
Email: Andy@petersonenergyoperating.com

8/24/16
Date:

CHANGE OF OPERATOR:

Name of Buying Operator:

CUB CREEK ENERGY

Signature: 

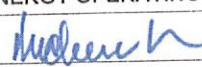
Date: 8/25/16

Print Name: Bob Gardner

Title: President and
CEO

Name of Selling Operator:

PETERSON ENERGY OPERATING INC

Signature: 

Date: 8/24/16

Print Name: Andrew Peterson

Title: President

COGCC Approved: _____

Title: _____

Date: _____

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 68710

Name of Operator: PETERSON ENERGY OPERATING 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: 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: 2

Total Approved: 0 Total out of Total Total Submitted: 2 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: 2 are listed below:

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

Total Pending: 2 Total out of Total Total Submitted: 2 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	123-26634	293838	332762	NLB	2-1-12	NENW/12/4N/68W		4680
	WELL		293838	332762					83720
2	WELL	123-26635	293839	332762	NLB	1-3-12	NENW/12/4N/68W		4680
	WELL		293839	332762					83720