

FORM
10Rev
10/12State 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:

04/25/2017

Document Number:

2226508

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: 10580 Contact Person: JIM GODDARD
Company Name: EXPEDITION WATER SOLUTIONS COLORADO LLC Phone: (970) 515-6950
Address: 1023 39TH AVENUE SUITE E Fax: ()
City: GREELEY State: CO Zip: 80634 Email: JGODDARD@EXPEDITION-WATER.COM

Operator Bond Status: ☒ Blanket Surety ID: 2017-0007 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 04/26/2017 Form is being submitted by: Seller

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 10649 Name of NON-Submitting EWS 4 DJ BASIN LLC
NON-submitting Operator is Buyer Contact Name JIM GODDARD Title: PRESIDENT
NON-submitting Operator Contact Email: _____

Add/Change Transporter or Gatherer

☐ Add ☐ Delete Product: ☐ Oil ☐ Gas

OGCC Transporter No: _____ Suffix: _____
Trans./Gatherer Name: _____
Address: _____ City: _____ State: _____ Zip: _____
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: GODDARD, JIM
Title: PRESIDENT Email: JGODDARD@EXPEDITION-WATER.COM Date: 04/18/2017

CHANGE OF OPERATOR:

Name of Buying Operator: EWS 4 DJ BASIN LLC Name of Selling Operator: EXPEDITION WATER SOLUTIONS COLORADO LLC
Signature: _____ Date: 04/26/2017 Signature: _____ Date: 04/26/2017
Print Name: JIM GODDARD Title: PRESIDENT Print Name: GODDARD, JIM Title: PRESIDENT

COGCC Approved: Matthew Lee **Title:** Director of COGCC **Date:** 04/26/2017

State of Colorado

Oil and Gas Conservation Commission

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2226508**CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR**

OGCC Operator Number: 10580

Name of Operator: EXPEDITION WATER SOLUTIONS COLORADO 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: 1 TANK BATTERY: 0 UIC WATER TRANSFER STATION: 0
 GAS GATHERING SYSTEM: 0 PIPELINE: 0 UIC DISPOSAL: 1 WATER GATHERING SYSTEM LINE: 0
 GAS PROCESSING PLANT: 0 PIT: 0 UIC ENHANCED RECOVERY: 0 WELL: 2

Total Approved: 4 Total out of Total Total Submitted: 4 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	UIC DISPOSAL	123-	160002		EWS	4	NWSW/17/2N/63		
2	LOCATION		449137	449137			NESE/18/2N/63W		
3	WELL	123-44167	449138	449137	EWS	4	NESE/18/2N/63W		
4	WELL	123-44047	448843	448844	EWS	4A	SENW/17/2N/63W		

Total Deleted: 0 Total out of Total Total Submitted: 4 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: 4 are listed below:

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