

FORM
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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:

10/27/2015

Document Number:

400924933

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: 35190 Contact Person: Charles Ellis
Company Name: GRAYHORSE OPERATING INC Phone: (918) 382-9201
Address: 20 EAST 5TH ST STE 320 Fax: (918) 382-9208
City: TULSA State: OK Zip: 74103 Email: MALLISON@GRAYHORSE.NET

Operator Bond Status: ☐ Blanket Surety ID: _____ 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 11/01/2015 Form is being submitted by: _____

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: (405) 239-7191 Email Contact: ckborelli@eprod.com

☒ Add ☐ Delete Product: ☒ Oil ☐ Gas

OGCC Transporter No: 200198 Suffix: _____
Trans./Gatherer Name: SUNOCO PARTNERS MARKETING & TERMINALS LP
Address: ONE FLOUR DANIEL DR City: SUGAR LAND State: TX Zip: 77478
Phone: (281) 637-6376 Email Contact: BLWILSON@sunocologistics.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: _____ Print Name: Ellis, Charles
Title: President Email: caellis@grayhorse.net Date: 10/27/2015

COGCC Approved: Matthew Lee Title: Director of COGCC Date: 05/19/2017

State of Colorado
Oil and Gas Conservation Commission

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400924933**CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR**

OGCC Operator Number: 35190

Name of Operator: GRAYHORSE 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: 8

Total Approved: 6 Total out of Total Total Submitted: 8 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	121-06702	234575	317025	EGGLESTON	1	NWNE/33/1N/54W		200198
2	WELL	121-06694	234567	317024	HORN, RUTH B	2	NWSW/34/1N/54		200198
3	WELL	121-06688	234561	317023	HORN, RUTH B	1	NESW/34/1N/54W		200198
4	WELL	121-06469	234358	317004	V.A. QUERY	1	NWNW/19/1S/55		200198
5	WELL	075-07535	219871	312251	WRITEBOL	1	SWNE/31/8N/53W		200198
7	WELL	075-05599	218838	312141	WRITEBOL	3	NENE/31/8N/53W		200198

Total Deleted: 2 Total out of Total Total Submitted: 8 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
6	WELL	075-05580	218825	312140	WRITEBOL	2	SENE/31/8N/53W		200198
8	WELL	075-05596	218837	387750	WRITEBOL	4	NWNE/31/8N/53W		200198

Total Pending: 0 Total out of Total Total Submitted: 8 are listed below:

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