

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



CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

Form 10 is used for Certification of Clearance to transport product off lease. A Form 10 shall be filed within 15 days of a change or transfer of ownership of a well, location or facility. A Form 10 Certification of Clearance shall be filed within 30 days of initial sales or change of transporter gatherer. It is the Operator's responsibility to provide approved copies to the Transporter and/or Gatherer for each well listed. For more information visit www.ogcc.state.co.us.

FOR OGCC USE ONLY

1. OGCC Operator Number: <u>19160</u>	4. Contact Name: <u>Sonu Prasanna</u>
2. Name of Operator: <u>ConocoPhillips Company</u>	Phone: <u>832-486-2299</u>
3. Address: <u>PO Box 4289</u>	Fax: <u>505-599-4062</u>
City: <u>Farmington</u> State: <u>NM</u> Zip: <u>87499</u>	Email: <u>sonu.prasanna@conocophillips.com</u>
Operator Bond Status <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> Individual Surety ID# <u>2005-0122</u>	

☐ New Well Certification of Clearance

☒ Change of Operator ☐ Add/Change Transporter or Gatherer Effective Date of Change: August 1, 2017

Transporter or Gatherer Information

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: _____	Transporter/Gatherer Name: _____
Address: _____	City: _____ State: _____ Zip: _____
Area Code and Phone Number: _____	Email Contact: _____
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: _____	Transporter/Gatherer Name: _____
Address: _____	City: _____ State: _____ Zip: _____
Area Code and Phone Number: _____	Email Contact: _____
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: _____	Transporter/Gatherer Name: _____
Address: _____	City: _____ State: _____ Zip: _____
Area Code and Phone Number: _____	Email Contact: _____
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: _____	Transporter/Gatherer Name: _____
Address: _____	City: _____ State: _____ Zip: _____
Area Code and Phone Number: _____	Email Contact: _____

Remarks: _____

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 all 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: <u>Crystal Walker</u>		Print Name: <u>Crystal Walker</u>
Signed: _____	Title: <u>Regulatory Coordinator</u>	Email: <u>crystal.walker@cop.com</u>
		Date: <u>7-18-2017</u>

CHANGE OF OPERATOR:	
Name of Buying Operator: <u>Hilcorp Energy Company</u>	Name of Selling Operator: <u>ConocoPhillips Company</u>
Signature: <u>[Signature]</u> Date: <u>7/14/17</u>	Signature: <u>[Signature]</u> Date: <u>7/13/17</u>
Print Name/Title: <u>Jodi Lyn Curtis - Lead Regulatory Specialist</u>	Print Name/Title: <u>Sonu Prasanna - Regulatory Supervisor</u>
Email: <u>jcurtis@hilcorp.com</u>	Email: <u>sonu.prasanna@cop.com</u>

OGCC Approved: _____ Title: _____ Date: _____