

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:

06/05/2017

Document Number:

2226842

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: 10330 Contact Person: DAVE REBOL
 Company Name: INVESTMENT EQUIPMENT LLC Phone: (970) 867-9007
 Address: 412 W PLATTE AVE Fax: ()
 City: FT MORGAN State: CO Zip: 80701 Email: DAVEREBOL@HOTMAIL.COM

Operator Bond Status: ☒ Blanket Surety ID: 2010-0051 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 05/01/2017 Form is being submitted by: Buyer

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 10435 Name of NON-Submitting MENDELL NIOBRARA LLC
 NON-submitting Operator is Seller Contact Name CHRIS GUTORMSSON Title: VP LAND
 NON-submitting Operator Contact Email: CHRISG@MENDELLENERGY.COM

Add/Change Transporter or Gatherer

☒ Add ☐ Delete Product: ☒ Oil ☐ Gas

OGCC Transporter No: 70505 Suffix: _____
 Trans./Gatherer Name: PLAINS MARKETING LP
 Address: 333 CLAY ST #1600 City: HOUSTON State: TX Zip: 77002
 Phone: () Email Contact: _____

☒ 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: () 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: REBOL,DAVE
 Title: AGENT Email: DAVEREBOL@HOTMAIL.COM Date: 05/30/2017

CHANGE OF OPERATOR:

Name of Buying Operator:

INVESTMENT EQUIPMENT LLC

Name of Selling Operator:

MENDELL NIOBRARA LLC

Signature: _____ Date: 05/01/2017

Print Name: REBOL,DAVE Title: AGENT

Signature: _____ Date: 05/01/2017

Print Name: CHRIS
GUTTORMSSON Title: VP LAND

COGCC Approved:



Title:

Director of COGCC

Date:

07/26/2017

State of Colorado
Oil and Gas Conservation Commission

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2226842**CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR**

OGCC Operator Number: 10330

Name of Operator: INVESTMENT EQUIPMENT 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: 0	WATER GATHERING SYSTEM LINE: 0
GAS PROCESSING PLANT: 0	PIT: 0	UIC ENHANCED RECOVERY: 0	WELL: 2

Total Approved: 3 Total out of Total Total Submitted: 3 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	123-36264	430716	430717	HOSHIKO	34-25	SWSE/25/5N/64W		4680
	WELL		430716	430717					70505
2	WELL	123-36266	430719	430717	HOSHIKO	1-1-36H	SWSE/25/5N/64W		4680
	WELL		430719	430717					70505
3	LOCATION	123-	430717	430717	HOSHIKO PAD	34-25	SWSE/25/5N/64W		

Total Deleted: 0 Total out of Total Total Submitted: 3 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: 3 are listed below:

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