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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

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: [X] Blanket Surety ID: 2010-0051 Individual Surety ID: see listing by individual well

[] New Well Cert of Clearance [X] 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

[X] Add [] Delete Product: [X] 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:

[X] Add [] Delete Product: [] Oil [X] 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:

Name of Selling Operator:

INVESTMENT EQUIPMENT LLC

MENDELL NIOBRARA LLC

Signature: _____ Date: 05/01/2017

Signature: _____ Date: 05/01/2017

Print Name: REBOL,DAVE Title: AGENT

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**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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FOR OGCC USE ONLY

CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10330

Name of Operator: INVESTMENT EQUIPMENT LLC

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			