

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



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FOR OGCC USE ONLY		

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.cogcc.state.co.us.

1. OGCC Operator Number: 100264
 2. Name of Operator: XTO ENERGY INC
 3. Address: 600 E Exchange Ave
 City: Fort Worth State: TX Zip: 76164
 4. Contact Name: Scott Thompson (Regional Land Manager/Rockies)
 Phone: 817-885-3491
 Fax: _____
 Email: scott_thompson@xtoenergy.com

Operator Bond Status ☒ Blanket ☐ Individual Surety ID# 2017-0155

☐ New Well Certification of Clearance

☒ Change of Operator ☐ Add/Change Transporter or Gatherer Effective Date of Change: 10/02/2017

Transporter or Gatherer Information

<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas
OGCC Transporter No: <u>18600</u> Transporter/Gatherer Name: <u>Colorado Interstate Gas Company LLC</u>	
Address: <u>PO Box 1087</u> City: <u>Colorado Springs</u> State: <u>CO</u> Zip: <u>80944</u>	
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: This is the Signature Ratification page that will be uploaded into the COGCC eForms data base as an attachment to the electronic Form 10 submittal

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:

Signed: _____ Print Name: Dolena Johnson
 Title: Sr. Regulatory Analyst / Rockies Email: dee_johnson@xtoenergy.com Date: _____

CHANGE OF OPERATOR:

Name of Buying Operator: <u>TIMBER CREEK OPERATING LLC</u>	Name of Selling Operator: <u>XTO ENERGY INC</u>
Signature: <u>[Signature]</u> Date: <u>10/02/2017</u>	Signature: <u>[Signature]</u> Date: <u>10/02/2017</u>
Print Name/Title: <u>J. Scott Zimmerman VP Operations</u>	Print Name/Title: <u>Edwin S. Ryan, Jr Sr. VP Land</u>
Email: <u>scottzimmerman@mple.us</u>	Email: <u>win_ryan@xtoenergy.com</u>

OGCC Approved: _____ Title: _____ Date: _____