

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



OGCC RECEPTION

Receive Date:

Document Number:

401496664

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: 10110 Contact Person: Miracle Pfister  
Company Name: GREAT WESTERN OPERATING COMPANY LLC Phone: (303) 389-0550  
Address: 1801 BROADWAY #500 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: mpfister@gwogco.com  
Operator Bond Status: ☒ Blanket Surety ID: 2016-0041 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 12/28/2017 Form is being submitted by: Buyer

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 14740 Name of NON-Submitting CDM OIL & GAS  
NON-submitting Operator is Seller Contact Name Johnnie Odum Title: Agent  
NON-submitting Operator Contact Email: johnnodum@comcast.net

Add/Change Transporter or Gatherer

☒ Add ☐ Delete Product: ☒ Oil ☐ Gas  
OGCC Transporter No: 10512 Suffix: \_\_\_\_\_  
Trans./Gatherer Name: ROSE ROCK MIDSTREAM FIELD SERVICES LLC  
Address: 3030 NW EXPRESSWAY SUITE 1100 City: OKLAHOMA State: OK Zip: 73112  
Phone: ( ) Email Contact: \_\_\_\_\_  
☒ Add ☐ Delete Product: ☐ Oil ☒ Gas  
OGCC Transporter No: 47121 Suffix: \_\_\_\_\_  
Trans./Gatherer Name: KERR MCGEE GATHERING LLC  
Address: PO BOX 173779 City: DENVER State: CO Zip: 80217  
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: Pfister, Miracle  
Title: Regulatory Manager Email: mpfister@gwogco.com Date: \_\_\_\_\_

**CHANGE OF OPERATOR:**

Name of Buying Operator:

Name of Selling Operator:

**GREAT WESTERN OPERATING COMPANY LLC**

**CDM OIL & GAS**

Signature: Miracle Pfister

Date: 12/28/2017

Signature: [Signature]

Date: 12/28/2017

Print Name: Pfister, Miracle

Title: Regulatory  
Manager

Print Name: Johnnie Odum

Title: Agent

**COGCC Approved:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10110

Name of Operator: GREAT WESTERN OPERATING COMPANY 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: 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: 3

Total Approved: 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 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: 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	123-26173	291843	333307	WINDSOR	35-2	NWSW/35/6N/67		10512
	WELL		291843	333307					47121
2	WELL	123-26171	291846	310283	WINDSOR	35-5	SWNW/35/6N/67		10512
	WELL		291846	310283					47121
3	WELL	123-11691	243899	322588	WINDSOR	35-1	SENW/35/6N/67W		10512
	WELL		243899	322588					47121