

**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:****03/28/2018****Document Number:****401590077****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: 10690 Contact Person: Samuel Bradley
Company Name: IMPETRO RESOURCES LLC Phone: (970) 593-8626
Address: 2820 LOGAN DRIVE Fax: ()
City: LOVELAND State: CO Zip: 80538 Email: sbradley.impetro@gmail.com

Operator Bond Status: ☒ Blanket Surety ID: 2018-0029 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 03/01/2018 Form is being submitted by: Buyer

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 24320 Name of NON-Submitting DIAMOND OPERATING, INC.
NON-submitting Operator is Seller Contact Name Dave Peterson Title: President
NON-submitting Operator Contact Email: davep@flatironenergy.com

Add/Change Transporter or Gatherer

☒ Add ☐ Delete Product: ☒ Oil ☐ Gas

OGCC Transporter No: 70505 Suffix: A
Trans./Gatherer Name: PLAINS MARKETING LP
Address: 530 FIRST AVENUE City: GREELEY State: CO Zip: 80631
Phone: (303) 5724909 Email Contact: lfmunsch@paalp.com

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: Bradley, Samuel
Title: Managing Member Email: sbradley.impetro@gmail.com Date: 03/28/2018

CHANGE OF OPERATOR:

Name of Buying Operator: IMPETRO RESOURCES LLC Name of Selling Operator: DIAMOND OPERATING, INC.
Signature: _____ Date: 03/01/2018 Signature: _____ Date: 03/01/2018
Print Name: Bradley, Samuel Title: Managing Member Print Name: Dave Peterson Title: President

COGCC Approved: Matthew Lee Title: Director of COGCC Date: 05/01/2018

State of Colorado

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Document Number:

401590077**CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR**OGCC Operator Number: 10690Name of Operator: IMPETRO RESOURCES 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: 1 UIC ENHANCED RECOVERY: 0 WELL: 2

Total Approved: 4 Total out of Total Total Submitted: 4 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	121-05709	233649	316973	MARICK STATE	1	NWSE/3/3S/52W		70505
2	WELL	121-10217	237714	317281	MARICK STATE	2	SWSE/3/3S/52W		70505
3	LOCATION	121-	316973	316973	MARICK STATE-	3NWSE	NWSE/3/3S/52W		
5	PIT		119836	435081	MARICK SKIM	2	/3/3S/52W		

Total Deleted: 0 Total out of Total Total Submitted: 4 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: 4 are listed below:

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