

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:

02/29/2016

Document Number:

400991333

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: Laura Harter
 Company Name: GREAT WESTERN OPERATING COMPANY LLC Phone: (970) 686-8831
 Address: 1801 BROADWAY #500 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: lharter@gwogco.com

Operator Bond Status: ☐ Blanket Surety ID: _____ 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 03/01/2008 Form is being submitted by: _____

Add/Change Transporter or Gatherer

☒ 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: _____

☒ Add ☐ Delete Product: ☒ Oil ☐ Gas
 OGCC Transporter No: 10266 Suffix: _____
 Trans./Gatherer Name: ANDERSON CRUDE TRANSPORATION INC
 Address: PO BOX 691 City: KIMBALL State: NE Zip: 69145
 Phone: () Email Contact: _____

☒ 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 CITY State: OK Zip: 73112
 Phone: () Email Contact: _____

☒ Add ☐ Delete Product: ☒ Oil ☐ Gas
 OGCC Transporter No: 10445 Suffix: _____
 Trans./Gatherer Name: BADLANDS TANK LINES LLC
 Address: 18139 ATLAS STREET City: OMAHA State: NE Zip: 68130
 Phone: () Email Contact: _____

<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: <u>10597</u> Suffix: _____ Trans./Gatherer Name: <u>COFFEYVILLE RESOURCES CRUDE TRANSPORTATION LLC</u> Address: <u>411 NE WASHINGTON BLVD PO BOX 3516</u> City: <u>BARTLESVILLE</u> State: <u>OK</u> Zip: <u>74006</u> Phone: () Email Contact: _____	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: <u>10584</u> Suffix: <u>A</u> Trans./Gatherer Name: <u>DIAMOND B OILFIELD TRUCKING</u> Address: <u>610 LONETREE CIRCLE</u> City: <u>NUNN</u> State: <u>CO</u> Zip: <u>80648</u> Phone: () Email Contact: _____	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: <u>31295</u> Suffix: _____ Trans./Gatherer Name: <u>HOLLYFRONTIER REFINING & MARKETING LLC</u> Address: <u>PO BOX 1600</u> City: <u>ARTESIA</u> State: <u>NM</u> Zip: <u>88210</u> Phone: () Email Contact: _____	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: <u>83720</u> Suffix: _____ Trans./Gatherer Name: <u>SUNCOR ENERGY (USA) INC</u> Address: <u>717 17TH STREET #2900</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> 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: <u>Harter, Laura</u>	
Title: <u>Production Tech</u>	Email: <u>lharter@gwogco.com</u>	Date: <u>02/29/2016</u>

COGCC Approved:  **Title:** Director of COGCC **Date:** 05/29/2018

State of Colorado
Oil and Gas Conservation Commission

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400991333**CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR**OGCC Operator Number: 10110Name 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: 1

Total Approved: 1 Total out of Total Total Submitted: 1 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	123-25754	295694	310020	EDENS	18-52	NWNW/18/6N/63	20080059	4680
	WELL		295694	310020					10266
	WELL		295694	310020					10445
	WELL		295694	310020					10512
	WELL		295694	310020					10584
	WELL		295694	310020					10597
	WELL		295694	310020					31295
	WELL		295694	310020					83720

Total Deleted: 0 Total out of Total Total Submitted: 1 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: 1 are listed below:

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