

**FORM
10**Rev
03/18**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:

09/11/2018

Document Number:

2303017**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: 10330 Contact Person: JIM CHISHOLM
Company Name: INVESTMENT EQUIPMENT LLC Phone: (405) 642-9437
Address: 412 W PLATTE AVE Fax: (970) 867-9007
City: FT MORGAN State: CO Zip: 80701 Email: INVESTMENTEQUIPMENT@GMAIL.COM

Operator Financial Assurance: ☐ 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 08/01/2018 Form is being submitted by: Seller

Is the Buying Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes ☐ No ☒

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 10560 Name of NON-Submitting WEST TEXAS OPERATING LLC DBA XTREME

NON-submitting Operator is Buyer Contact Name MICHAEL HAHN Title: AGENT

NON-submitting Operator Contact Email: MHAHN@XOGC.COM

Add/Change Transporter or Gatherer

☒ **Add** ☐ **Delete** Product: ☐ **Oil** ☒ **Gas**

OGCC Transporter No: 10291 Suffix: _____

Trans./Gatherer Name: BADGER MIDSTREAM SERVICES LLC

Address: 2016 GRAND AVE STE A City: BILLINGS State: MT Zip: 59102

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: CHISHOLM,JIMTitle: AGENTEmail: INVESTMENTEQUIPMENT@GMAIL.CO Date: 08/17/2018
M**CHANGE OF OPERATOR:**

Name of Buying Operator:

WEST TEXAS OPERATING LLC DBA XTREME ENERGY COMPANY

Name of Selling Operator:

INVESTMENT EQUIPMENT LLCSignature: _____ Date: 08/01/2018Signature: _____ Date: 08/01/2018Print Name: MICHAEL HAHN Title: AGENTPrint Name: CHISHOLM,JIM Title: AGENT

COGCC Approved: _____


Title: _____ **Director of COGCC**

Date: _____ **10/09/2018**

State of Colorado

Oil and Gas Conservation Commission

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2303017**CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR**OGCC Operator Number: 10330Name of Operator: INVESTMENT EQUIPMENT LLC**FOR OGCC USE ONLY**

CENTRALIZED EP WASTE MGMT FAC: 0

SERVICE SITE: 0

LOCATION: 0

OFF-LOCATION FLOWLINE: 0

UIC WATER TRANSFER STATION: 0

TANK BATTERY: 0

PIPELINE: 0

DOMESTIC TAP: 0

UIC SIMULTANEOUS DISPOSAL: 0

UIC DISPOSAL: 1

WELL: 7

CRUDE OIL TRANSFER LINE: 0

UIC ENHANCED RECOVERY: 0

LAND APPLICATION SITE: 0

PIT: 0

PRODUCE WATER TRANSFER SYSTEM: 0

Total Approved: 8 Total out of Total Total Submitted: 8 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	009-06577	206161	321153	REDSTONE	2-18	CSW/18/33S/43W		10291
2	WELL	009-06564	206148	321144	MCKINLEY	2-20	SENE/20/33S/43		10291
3	WELL	009-06309	205894	321051	MCKINLEY	1-20-WD	SENE/20/33S/43		10291
4	WELL	009-06596	256081	321162	KEYSTONE	1-13	SENW/13/33S/44		10291
5	WELL	009-06574	206158	321151	GODFREY	1-19	CSW/19/33S/43W		10291
6	WELL	009-06567	206151	321147	COOK	2-7	SESW/7/33S/43W		10291
7	WELL	009-06569	206153	321148	ALLEY	2-17	CSW/17/33S/43W		10291
8	UIC DISPOSAL	009-	150135	321051	MCKINLEY 1-20		SE/20/33S/43W		

Total Deleted: 0 Total out of Total Total Submitted: 8 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: 8 are listed below:

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