

**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:

06/17/2019

Document Number:

402076908**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:	10133	Contact Person:	Jamie Wisegerber
Company Name:	HILCORP ENERGY COMPANY	Phone:	(713) 289-2838
Address:	P O BOX 61229	Fax:	(713) 289-2756
City:	HOUSTON	State:	TX
Zip:	77208	Email:	jwisegerber@hilcorp.com
Operator Financial Assurance:	<input checked="" type="checkbox"/> Blanket	Surety ID:	2005-0122
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	04/01/2018	Form is being submitted by:	Buyer
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Non-Submitting Operator Information:			
OGCC Number of NON-Submitting	100264	Name of NON-Submitting	XTO ENERGY INC
NON-submitting Operator is	Seller	Contact Name	Sephra Baca
		Title:	Regulatory Analyst
NON-submitting Operator Contact Email: sephra_baca@xtoenergy.com			

Add/Change Transporter or Gatherer

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Product:	<input type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No:	Suffix:	
Trans./Gatherer Name:		
Address:	City:	State:
Phone: ()	Email Contact:	Zip:
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:	Wisegerber, Jamie
Title:	ProdRegulatory Supervisor	Email: jwisegerber@hilcorp.com
		Date: 06/17/2019

CHANGE OF OPERATOR:

Name of Buying Operator:	Name of Selling Operator:
HILCORP ENERGY COMPANY	XTO ENERGY INC
Signature:	Signature:
Date: 04/01/2018	Date: 04/01/2018
Print Name: Wisegerber, Jamie	Print Name: Sephra Baca
Title: ProdRegulatory Supervisor	Title: Regulatory Analyst

COGCC Approved: _____

Title: _____

Date: _____

State of Colorado

Oil and Gas Conservation Commission

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10133

Name of Operator: HILCORP ENERGY COMPANY

FOR OGCC USE ONLY

CENTRALIZED EP WASTE MGMT FAC: 0	SERVICE SITE: 0	LOCATION: 11	OFF-LOCATION FLOWLINE: 0
UIC WATER TRANSFER STATION: 0	TANK BATTERY: 0	PIPELINE: 0	DOMESTIC TAP: 0
UIC SIMULTANEOUS DISPOSAL: 0	UIC DISPOSAL: 0	WELL: 16	CRUDE OIL TRANSFER LINE: 0
UIC ENHANCED RECOVERY: 0	LAND APPLICATION SITE: 0	PIT: 0	PRODUCE WATER TRANSFER SYSTEM: 0

Total Approved: 0 Total out of Total Total Submitted: 27 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: 27 are listed below:

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

Total Pending: 27 Total out of Total Total Submitted: 27 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	067-07576	215970	326158	HUBER-WILBOURN	1-18	NENW/18/35N/7W		
3	LOCATION	067-	326158	326158	HUBER-WILBOURN-	18NENW	NENW/18/35N/7W		
19	LOCATION		385879	385879	ANDERSON 32-6-	5SWSW	SWSW/5/32N/6W		
20	LOCATION		385527	385527	PENROSE-N32N6W	8SWSW	SWSW/8/32N/6W		
21	LOCATION		307013	307013	TFFANY SWD-	01NWSW	NWSW/1/32N/7W		
22	LOCATION		325069	325069	MARJORIE SMITH-	2E2NW	E2NW/2/32N/7W		
23	LOCATION		326417	326417	HOCKER-N33N7W	35SWSE	SWSE/35/33N/7W		
24	LOCATION		325960	325960	UTE-N33N9W	35NWNW	NWNW/35/33N/9		
25	LOCATION		385910	385910	KAIME-M34N8W	12NESE	NESE/12/34N/8W		
26	LOCATION		326232	326232	HUBER/SPC -	13NESW	NESW/13/35N/8W		
27	LOCATION		385913	385913	LEWIS-N35N8W	33NWSE	NWSE/33/35N/8W		
28	LOCATION		385841	385841	HUBER-THORN-	34SWNE	SWNE/34/35N/8W		
4	WELL	067-08084	216478	385879	ANDERSON 32-6	5-1	SWSW/5/32N/6W		
5	WELL	067-08080	216474	333412	FLAGG	6-2	SWNE/6/32N/6W		
6	WELL	067-06097	214494	385527	PENROSE	1	SWSW/8/32N/6W		
7	WELL	067-09538	295621	307013	TIFFANY SWD	1	NWSW/1/32N/7W		
8	WELL	067-08037	216431	385876	HEIN	1-1	NWSW/1/32N/7W		
9	WELL	067-05187	213917	325069	MARJORIE SMITH	1	E2NW/2/32N/7W		
10	WELL	067-05300	214013	333508	A H JONES	1	SWNW/26/33N/7		
11	WELL	067-08045	216439	326417	HOCKER	1-35	SWSE/35/33N/7W		
12	WELL	067-07241	215636	325960	UTE	16	NWNW/35/33N/9		
13	WELL	067-07242	215637	333597	UTE	18	SWSE/36/33N/9W		
14	WELL	067-08683	263143	385910	KAIME	2-12 U-R	NESE/12/34N/8W		
15	WELL	067-07683	216077	326232	HUBER/SPC -	2-13	NESW/13/35N/8W		
16	WELL	067-07645	216039	326204	HUBER/SPC-	2-14	SWSE/14/35N/8W		
17	WELL	067-08765	264983	385913	LEWIS	2-33-R	NWSE/33/35N/8W		
18	WELL	067-07815	216209	385841	HUBER-THORN	1-34	SWNE/34/35N/8W		