

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:
05/07/2019

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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: 88370 Contact Person: TODD PIVONKA
Company Name: TIMKA RESOURCES LTD Phone: (970) 667-9861
Address: 2116 EAST HIGHWAY 402 Fax: (970) 667-9862
City: LOVELAND State: CO Zip: 80537 Email: TIMKARESOURCES@HOTMAIL.COM

Operator Financial Assurance: Blanket Surety ID: 1990-0035 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 05/01/2019 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 95620 Name of NON-Submitting WESTERN OPERATING COMPANY
NON-submitting Operator is Buyer Contact Name STEVEN D JAMES Title: PRESIDENT
NON-submitting Operator Contact Email: STEVE@WESTERNOOPERATING.COM

Add/Change Transporter or Gatherer

Add Delete Product: Oil Gas

OGCC Transporter No: 70505 Suffix: _____
Trans./Gatherer Name: PLAINS MARKETING LP
Address: 333 CLAY ST #1600 City: HOUSTON State: TX Zip: 77002
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: PIVONKA,TODD
Title: AGENT Email: TIMKARESOURCES@HOTMAIL.COM Date: 04/30/2019

CHANGE OF OPERATOR:

Name of Buying Operator: WESTERN OPERATING COMPANY Name of Selling Operator: TIMKA RESOURCES LTD
Signature: _____ Date: 05/01/2019 Signature: _____ Date: 05/01/2019
Print Name: STEVEN D JAMES Title: PRESIDENT Print Name: PIVONKA,TODD Title: AGENT

COGCC Approved: _____ Title: Director of COGCC Date: 06/25/2019

[Handwritten signature]

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 88370

Name of Operator: TIMKA RESOURCES LTD

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: 0	WELL: 1	CRUDE OIL TRANSFER LINE: 0
UIC ENHANCED RECOVERY: 0	LAND APPLICATION SITE: 0	PIT: 2	PRODUCE WATER TRANSFER SYSTEM: 0

Total Approved: 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	075-08152	220032	312258	BUDIN	1	SWNE/6/8N/54W		70505
2	PIT	075-	111994		BUDIN 1		SWNE/6/8N/54W		
3	PIT		111995						

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: 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			