

FORM  
10  
Rev  
04/18

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203

Phone: (303) 894-2100 Fax: (303) 894-2109



FOR COGCC USE ONLY

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

Form 10 is used for Certification of Clearance to transport product off lease. A Form 10 shall be filed within 15 days of a change or transfer of ownership of a well, location or facility. A Form 10 Certification of Clearance shall be filed within 30 days of initial sales or change of transporter gatherer. It is the Operator's responsibility to provide approved copies to the Transporter and/or Gatherer for each well listed. For more information visit <http://cogcc.state.co.us>.

RECEIVED 07/28/2020

DOC 402456293

COGCC Operator Number: 10754 Contact Name: \_\_\_\_\_  
Name of Operator: Four Corners Energy, LLC Phone: (801) 657-5780  
Address: 531 E 770 N Fax: (801) 657-5781  
City: Orem State: UT Zip: 84097 Email: larry@thesummitcompanies.com

Operator Financial Assurance: ☐ Blanket ☐ Individual Surety ID#: 2020-C107  
☐ New Well Certification of Clearance ☐ Add/Change Transporter or Gatherer ☒ Change of Operator Effective Date of Change: APRIL 1, 2020  
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

Transporter or Gatherer Information

☒ Add ☐ Delete Product: ☒ Oil ☒ Gas  
COGCC Transporter No: 755 10754 Transporter/Gatherer Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Add ☐ Delete Product: ☐ Oil ☐ Gas  
COGCC Transporter No: \_\_\_\_\_ Transporter/Gatherer Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Add ☐ Delete Product: ☐ Oil ☐ Gas  
COGCC Transporter No: \_\_\_\_\_ Transporter/Gatherer Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Remarks: \_\_\_\_\_

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 all 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: \_\_\_\_\_  
Signature: Larry R Williams Print Name: Larry R Williams  
Title: Lead Manager and Corporate Counsel Email: larry@thesummitcompanies.com Date: 4/1/2020

CHANGE OF OPERATOR:  
Name of Buying Operator: Four Corners Energy, LLC Name of Selling Operator: DJ Simmons Inc  
Signature: Larry R Williams Date: 4/1/2020 Signature: Rodney R Seale Date: 4/1/2020  
Print Name/Title: Larry R. Williams, Authorized Signor Email: larry@thesummitcompanies.com Print Name/Title: Rod Seale, President Email: rseale@djsimmons.com

COGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_