

FORM

10

Rev
02/20

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:

Document Number:

402470697

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.https://cogcc.state.co.us

OGCC Operator Number: 10112 Contact Person: Alyssa Beard
 Company Name: FOUNDATION ENERGY MANAGEMENT LLC Phone: (303) 2448114
 Address: 5057 KELLER SPRINGS RD STE 650 Fax: ()
 City: ADDISON State: TX Zip: 75001 Email: abeard@foundationenergy.com

Operator Financial Assurance: Blanket Surety ID: 2014-0082 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 09/01/2020 Form is being submitted by: Seller
 One Call Participation (One box must be checked.)
 The Buying Operator is a Tier One membership in the Utility Notification Center of Colorado (CO 811) and participates in Colorado's One Call notification system. [Rule 1102.n.]
 The Buying Operator has no underground facilities and is exempt from CO 811 membership. [Rule 1102.n.(2)]

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 10528 Name of NON-Submitting ARCH OIL & GAS LLC
 NON-submitting Operator is Buyer Contact Name Jeff Browning Title: Director of Field Operations
 NON-submitting Operator Contact Email: jbrowning@archenergypartners.com

Add/Change Transporter or Gatherer

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: _____

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: [Signature] Print Name: Alyssa Beard
 Title: EHSR Manager Email: regulatory@foundationenergy.com Date: _____

[Handwritten initials/signature]

CHANGE OF OPERATOR:

Name of Buying Operator:

ARCH OIL & GAS LLC

Name of Selling Operator:

FOUNDATION ENERGY MANAGEMENT LLC

Signature: 

Date: 09/01/2020

Signature: 

Date: 09/01/2020

Print Name: Jeff Browning

Title: Director of Field Operations

Print Name: Alyssa Beard

Title: EHSR Manager

COGCC Approved: _____

Title: _____

Date: _____

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10112

Name of Operator: FOUNDATION ENERGY MANAGEMENT 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: 0	WELL: 3	CRUDE OIL TRANSFER LINE: 0
UIC ENHANCED RECOVERY: 0	LAND APPLICATION SITE: 0	PIT: 1	PRODUCE WATER TRANSFER SYSTEM: 0

Total Approved: 0 Total out of Total Total Submitted: 4 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: 4 are listed below:

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

Total Pending: 4 Total out of Total Total Submitted: 4 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	123-07973	240185	317921	CUYKENDALL-	2	SENW/18/2N/63W		10445
2	WELL	123-07611	239823	317706	ELMER KAUFMAN	2	SWSE/18/2N/63W		10445
3	WELL	123-	118410	317706	ELMER KAUFMAN		SWSE/18/2N/63W		
4	WELL	123-07952	240164	317912	KAUFMAN	4	SESE/18/2N/63W		10445

(Handwritten signature)
AMB