

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Receive Date:

04/25/2022

TRANSFER OF OPERATORSHIP

A Selling Operator will notify the Commission about the transfer of any Transferable Item associated with its Oil and Gas Operations to a Buying Operator by filing a Form 9, Transfer of Operatorship – Intent, with the Commission at least 30 days, or as soon as practicable, before the anticipated transfer date. (Rule 218.b.)
When a transaction subject to a Form 9 – Intent becomes final, the Buying Operator will submit a Form 9 – Subsequent within 7 days of closing. (Rule 218.d.(1).)

Type of Form 9, Transfer of Operatorship: ☒ **Intent** ☐ **Subsequent** Intent # 0

OPERATOR INFORMATION

SELLING OPERATOR INFORMATION

OGCC Operator Number: 10691 Contact Name and Telephone:
Name of Operator: PHOENIX RESOURCES LLC Name: Taylor Heffner
Address: 5566 S SYCAMORE STREET Phone: (303) 219-3362
City: LITTLETON State: CO Zip: 80120 Email: theffner@phxresources.com

BUYING OPERATOR INFORMATION

OGCC Operator Number: 10243 Contact Name and Telephone:
Name of Operator: GMT EXPLORATION COMPANY LLC Name: Hans Schuster
Address: 1560 BROADWAY STE 2000 Phone: (303) 586-9280
City: DENVER State: CO Zip: 80202 Email: hschuster@gmtexploration.com

TRANSFER INFO

Transfer Dates

Form 9 Intent - Anticipated Date of Transfer: 05/01/2022

Form 9 Subsequent - Effective Date of Transfer: s

Confidentiality

Transfer is Confidential: No

Financial Assurance

Form 9 Intent - Estimated amount of Financial Assurance the Buying Operator will submit prior to anticipated date of transfer: \$ 85,000

Form 9 Subsequent - The Buying Operator's Financial Assurance:

SUBSEQUENT LIABILITY

Rule 218.d.(1).D.i.

"For Transferable Items listed in Rule 218.d.(1).B.i an acknowledgment that upon the effective date of transfer, that the Buying Operator assumes all responsibility for compliance with the Act, the Commission's Rules, and all terms and conditions of existing Permits and Commission orders for the Transferable Items."

In checking this box the Buying Operator's acknowledges the subsequent liability pursuant to Rule 218.d.(1).D.i. ☐

Rule 218.d.(1).D.ii.

"For Transferable Items listed in Rule 218.d.(1).B.ii or iii, an acknowledgment that the Buying Operator may be or may become responsible for compliance with the Act, the Commission's Rules, and all terms and conditions of existing Permits and Commission orders if the Buying Operator takes any action, or fails to take any action, that would cause such Transferable Item to be out of compliance with the Act, the Commission's Rules, and all terms and conditions of existing Permits and Commission orders."

In checking this box the Buying Operator's acknowledges the subsequent liability pursuant to Rule 218.d.(1).D.ii. ☐

Rule 218.d.(1).D.iii.

"For Transferable Items not listed in Rule 218.d.(1).B.i-iii but Related in the Commission's records, an acknowledgment that the Commission will presume that the Transferable Item was transferred, and that the Buying Operator is responsible for compliance with the Act, the Commission's Rules, and all terms and conditions of existing Permits and Commission orders for the Transferable Items."

In checking this box the Buying Operator's acknowledges the subsequent liability pursuant to Rule 218.d.(1).D.iii. ☐

SUBMITTAL

OPERATOR COMMENT AND SUBMITTAL

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Taylor Heffner Email: theffner@phxresources.com

Signature: _____ Title: Partner Date: 04/25/2022

Wells & Facilities Proposed for Transfer Summary

1	<u>Facility Type</u>	<u>API</u>	<u>Facility ID</u>	<u>Location ID</u>	<u>Facility Name</u>	<u>QtrQtr</u>	<u>Sec</u>	<u>Twp</u>	<u>Rng</u>
	PIT	-	114537	320668	STATE 35-13 #	SWSW	35	5S	65W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	ARAPAHOE		10691	PHOENIX RESOURCES LLC					
2	<u>Facility Type</u>	<u>API</u>	<u>Facility ID</u>	<u>Location ID</u>	<u>Facility Name</u>	<u>QtrQtr</u>	<u>Sec</u>	<u>Twp</u>	<u>Rng</u>
	WELL	005-06450	204365	320668	STATE #35-13	SWSW	35	5S	65W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	ARAPAHOE	STATE	10691	PHOENIX RESOURCES LLC					
3	<u>Facility Type</u>	<u>API</u>	<u>Facility ID</u>	<u>Location ID</u>	<u>Facility Name</u>	<u>QtrQtr</u>	<u>Sec</u>	<u>Twp</u>	<u>Rng</u>
	LOCATION	-	320668	320668	STATE-65S65W #35SWSW	SWSW	35	5S	65W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	ARAPAHOE		10691	PHOENIX RESOURCES LLC					

Incidents Proposed for Transfer Summary

< No row provided >

Related Wells & Facilities Not Proposed for Transfer Summary

< No row provided >

Related Incidents Not Proposed for Transfer Summary

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Attachment List

Att Doc Num

Name

403025649	Form 09 SUBMITTED
403025664	EDD-I-WELLS-FACILITIES-PROPOSED
403026235	FORM 9 INTENT ATTESTATION

Total Attach: 3 Files

<u>COA Type</u>	<u>Description</u>
Planning	<p>The Operator must file a Form 3, Financial Assurance Plan, within 10 business days of Form 9 approval.</p> <p>When resubmitting the Form 3, please use the following verbiage in the Operator Comments in the Signature and Certification section:</p> <p>"This Form 3 Document #____ is submitted as a result of an approved Form 9 Transfer of Operatorship and it replaces Form 3 document # ____."</p>
1 COA	

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)