

State of Colorado Energy & Carbon Management Commission

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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 [X] Subsequent Intent # 402702910

OPERATOR INFORMATION

SELLING OPERATOR INFORMATION

OGCC Operator Number: 72185 Contact Name and Telephone: Robert Anderson
Name of Operator: PRODUCTION MANAGEMENT INC Name:
Address: 5000 BUTTE ST #107 Phone: (719) 337-7569
City: BOULDER State: CO Zip: 80301 Email: albertluck@aol.com

BUYING OPERATOR INFORMATION

OGCC Operator Number: 59925 Contact Name and Telephone: Randy Campbell
Name of Operator: MONUMENT GAS MARKETING INC Name:
Address: P O BOX 950 Phone: (1) 7196600069
City: MONUMENT State: CO Zip: 80132-0950 Email: rcampbell0614@comcast.net

TRANSFER INFO

Transfer Dates

Form 9 Intent - Anticipated Date of Transfer: 05/01/2021
Form 9 Subsequent - Effective Date of Transfer: s05/01/2021

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: \$ 40,000
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. [X]

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. [X]

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: Randy Campbell Email: rcampbell0614@comcast.net

Signature: _____ Title: President Date: 01/11/2023

Wells & Facilities Transferred Summary

1	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	017-07636	285369	321958	COE TRUST 21-18A	NENW	18	16S	45W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE	FEE	72185	PRODUCTION MANAGEMENT INC					
2	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	017-07160	208225	321852	COE TRUST 12B-18 #2	SWNW	18	16S	45W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE	FEE	72185	PRODUCTION MANAGEMENT INC					
3	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	UIC DISPOSAL	-	159088	321852	COE TRUST 12B-18 SWD 2	SWNW	18	16S	45W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE	FEE	72185	PRODUCTION MANAGEMENT INC					
4	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	OFF LOCATION FLOWLINE	-	479815	321852	321852	SWNW	18	16S	45W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE	FEE	72185	PRODUCTION MANAGEMENT INC					
5	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	321958	321958	COE TRUST 21-18A	NENW	18	16S	45W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE	FEE	72185	PRODUCTION MANAGEMENT INC					
6	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	380921	380921	COE TRUST 21-18	NENW	18	16S	45W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE	FEE	72185	PRODUCTION MANAGEMENT INC					
7	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	321852	321852	COE TRUST 12B-18 SWD 2	SWNW	18	16S	45W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE	FEE	72185	PRODUCTION MANAGEMENT INC					

Incidents Transferred Summary

1	Document Numbers	Incident Type	Incident Date	Current Op #	Current Op. Name
	402406828	UNRESOLVED NOAV	11/01/2019	72185	PRODUCTION MANAGEMENT INC

Related Wells & Facilities Not Transferred Summary

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Related Incidents Not Transferred Summary

< No row provided >

Wells & Facilities Proposed Not Transferred Summary

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Incidents Proposed Not Transferred Summary

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Attachment List

Att Doc Num	Name
403287596	TRANSFER OF OPERATORSHIP
403287654	BUYER NOTIFIED LOCAL GOVT ATTESTATION
403287655	FORM 9 SUBSEQUENT ATTESTATION
403488884	EDD-S-WELLS-FACILITIES-TRANSFERRED
403637261	EDD-S-INCIDENTS-TRANSFERRED
403637276	Form 09 SUBMITTED

Total Attach: 6 Files

COA Type	Description
	Buyer must submit Form 44 to register Off Location Flowlines within 30 days of approval.
Planning	<p>Issue 1: There is an Unresolved NOAV, #402406825 that was added administratively by ECMC.</p> <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>
2 COAs	

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval
Total: 0 comment(s)		