

State of Colorado
Energy & Carbon Management Commission

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



Document Number:

403287596

Receive Date:

01/11/2023

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 # 402702910

OPERATOR INFORMATION

SELLING OPERATOR INFORMATION

OGCC Operator Number: 72185

Contact Name and Telephone:

Name of Operator: PRODUCTION MANAGEMENT INC

Name: Robert Anderson

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:

Name of Operator: MONUMENT GAS MARKETING INC

Name: Randy Campbell

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.



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: Randy Campbell

Email: rcampbell0614@comcast.net

Signature: _____

Title: President

Date: 01/11/2023

Wells & Facilities Transferred 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>
	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	<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	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	<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>
	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	<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>
	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	<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	-	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	<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	-	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	<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	-	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	<u>Document Numbers</u>	<u>Incident Type</u>	<u>Incident Date</u>	<u>Current Op #</u>	<u>Current Op. Name</u>
	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

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Wells & Facilities Proposed Not Transferred Summary

< No row provided >

Incidents Proposed Not Transferred Summary

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Attachment List

<u>Att Doc Num</u>	<u>Name</u>
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

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)