

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: Maxwell Blair Email: mblair@gmtexploration.com

Signature: _____ Title: Regulatory Manager Date: 05/04/2022

Wells & Facilities Transferred Summary

1	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	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	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	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	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	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 Transferred Summary

< No row provided >

Related Wells & Facilities Not Transferred Summary

< No row provided >

Related Incidents Not Transferred Summary

1	<u>Document Numbers</u>	<u>Incident Type</u>	<u>Incident Date</u>	<u>Current Op #</u>	<u>Current Op. Name</u>	<u>Compl. Resp. Op #</u>	<u>Compl. Resp. Op. Name</u>
	673700617	INSPECTION	12/30/2013	10691	PHOENIX RESOURCES LLC		
2	<u>Document Numbers</u>	<u>Incident Type</u>	<u>Incident Date</u>	<u>Current Op #</u>	<u>Current Op. Name</u>	<u>Compl. Resp. Op #</u>	<u>Compl. Resp. Op. Name</u>
	673702697	INSPECTION	04/24/2014	10691	PHOENIX RESOURCES LLC		
3	<u>Document Numbers</u>	<u>Incident Type</u>	<u>Incident Date</u>	<u>Current Op #</u>	<u>Current Op. Name</u>	<u>Compl. Resp. Op #</u>	<u>Compl. Resp. Op. Name</u>
	673703986	INSPECTION	06/10/2014	10691	PHOENIX RESOURCES LLC		
4	<u>Document Numbers</u>	<u>Incident Type</u>	<u>Incident Date</u>	<u>Current Op #</u>	<u>Current Op. Name</u>	<u>Compl. Resp. Op #</u>	<u>Compl. Resp. Op. Name</u>
	688300841	INSPECTION	12/18/2017	10691	PHOENIX RESOURCES LLC		
5	<u>Document Numbers</u>	<u>Incident Type</u>	<u>Incident Date</u>	<u>Current Op #</u>	<u>Current Op. Name</u>	<u>Compl. Resp. Op #</u>	<u>Compl. Resp. Op. Name</u>
	402283895	NOAV	01/14/2020	10691	PHOENIX RESOURCES LLC		
6	<u>Document Numbers</u>	<u>Incident Type</u>	<u>Incident Date</u>	<u>Current Op #</u>	<u>Current Op. Name</u>	<u>Compl. Resp. Op #</u>	<u>Compl. Resp. Op. Name</u>
	402875193	NOAV	12/01/2020	10691	PHOENIX RESOURCES LLC		

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
1311058	FORM 9 SUBSEQUENT ATTESTATION
1311059	CORRESPONDENCE
1311076	BUYER NOTIFIED LOCAL GOVT ATTESTATION
1311077	SELLER RETAINS RESPONSIBILITY ATTESTATION
403036983	Form 09 SUBMITTED
403244465	EDD-S-WELLS-FACILITIES-TRANSFERRED
403244493	EDD-S-RELATED-INCIDENTS-NOT-TRAN

Total Attach: 7 Files

COA Type**Description**

Planning

The Operator must file a Form 3, Financial Assurance Plan, within 10 business days of Form 9 approval.

When resubmitting the Form 3, please use the following verbiage in the Operator Comments in the Signature and Certification section:

"This Form 3 Document #____ is submitted as a result of an approved Form 9 Transfer of Operatorship and it replaces Form 3 document # _____."

1 COA

General Comments

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