

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: 403661688

Receive Date: 01/22/2024

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 # 403568753

OPERATOR INFORMATION

SELLING OPERATOR INFORMATION

OGCC Operator Number: 10536 Contact Name and Telephone: Christopher Smith
Name of Operator: SMITH ENERGY LLC Name: Christopher Smith
Address: 1540 MAIN ST SUITE 218 #334 Phone: (303) 709-6157
City: WINDSOR State: CO Zip: 80550 Email: Smithenergy@live.com

BUYING OPERATOR INFORMATION

OGCC Operator Number: 10820 Contact Name and Telephone: Ryan Smith
Name of Operator: ROUGHHOUSE OIL & GAS LLC Name: Ryan Smith
Address: 1475 SIOUX TRL Phone: (970) 396-3747
City: ELIZABETH State: CO Zip: 80107 Email: rcsmith727@gmail.com

TRANSFER INFO

Transfer Dates

Form 9 Intent - Anticipated Date of Transfer: 11/01/2023
Form 9 Subsequent - Effective Date of Transfer: s11/01/2023

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: \$ 13,000
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: Ryan Smith Email: rsmith727@gmail.com

Signature: _____ Title: President Date: 01/22/2024

Wells & Facilities Transferred Summary

1	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	318073	318073	SCHEID-COOKSEY-61N63W 2SESE	SESE	2	1N	63W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10536	SMITH ENERGY LLC					
1	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	PIT	-	101131	318073		SESE	2	1N	63W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10536	SMITH ENERGY LLC					
1	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	OFF-LOCATION FLOWLINE	-	473920	318073	PRODUCTION LINE 2SESE	SESE	2	1N	63W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10536	SMITH ENERGY LLC					
1	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	123-08344	240556	318073	SCHEID-COOKSEY 1	SESE	2	1N	63W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10536	SMITH ENERGY LLC					
1	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	OFF-LOCATION FLOWLINE	-	473919	318073	PRODUCTION LINE 2SESE	SESE	2	1N	63W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10536	SMITH ENERGY LLC					
3	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	123-08361	240573	318082	SCHEID-COOKSEY 2	NESE	2	1N	63W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10536	SMITH ENERGY LLC					
3	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	318082	318082	SCHEID-COOKSEY-61N63W 2NESE	NESE	2	1N	63W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10536	SMITH ENERGY LLC					

Incidents Transferred Summary

< No row provided >

Related Wells & Facilities Not Transferred Summary

< No row provided >

Related Incidents Not Transferred Summary

< No row provided >

Wells & Facilities Proposed Not Transferred Summary

< No row provided >

Incidents Proposed Not Transferred Summary

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Attachment List

Att Doc Num	Name
403661887	FORM 9 SUBSEQUENT ATTESTATION
403662104	EDD-S-WELLS-FACILITIES-TRANSFERRED
403662117	BUYER NOTIFIED LOCAL GOVT ATTESTATION
403662571	FORM 9 INTENT ATTESTATION

Total Attach: 4 Files

COA Type**Description**

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

When re-submitting the Form 3, please use the following verbiage:
"This Form 3 is submitted as a result of an approved Form 9 Transfer of Operatorship."

1 COA

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Financial Assurance	Issue: Operators attachment for Wells & Facilities proposed does not have Item #s listed properly. This may cause an issue when uploaded to COGIS. Solution; EMCM updated the attachment to show accurate Item #s in sequential order and uploaded to this Form. New file ends with "ecmc."	01/31/2024

Total: 1 comment(s)