

**FORM
10**Rev
10/12**State of Colorado
Oil and Gas Conservation Commission**

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



OGCC RECEPTION

Receive Date:

11/19/2012

Document Number:

2172978**CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR**

This form is to be used for Certification of Clearance to transport product off lease. A Form 10 shall be filed for a well within 30 days of first production or a change of transporter/gatherer. A Form 10 shall be filed within 15 days of a change or transfer of ownership of a well, location, pit or facility. Documentation for ratification of sale or transfer of ownership must be attached for Change of Operator. **It is the Operator's responsibility to mail approved copies to the Transporter and/or Gatherer for each well listed.** This form is not used for well name or well status changes. For more information, visit [www.http://cogcc.state.co.us](http://cogcc.state.co.us)

OGCC Operator Number: 10311 Contact Person: BRIANNE VISCONTI
Company Name: SYNERGY RESOURCES CORPORATION Phone: (970) 737-1073
Address: 20203 HIGHWAY 60 Fax: (970) 737-1045
City: PLATTEVILLE State: CO Zip: 80651 Email: BVISCONTI@SYRGINFO.COM

Operator Bond Status: ☐ Blanket Surety ID: _____ Individual Surety ID: see listing by individual well

☐ **New Well Cert of Clearance** ☐ **Change of Operator** ☒ **Add/Change Transporter or Gatherer**

Effective Date of Change Below 03/02/2012 Form is being submitted by: _____

Add/Change Transporter or Gatherer

☒ **Add** ☐ **Delete** Product: ☒ **Oil** ☐ **Gas**

OGCC Transporter No: 83720 Suffix: _____
Trans./Gatherer Name: SUNCOR ENERGY (USA) INC
Address: 103 FOULK RD STE 202 City: WILMINGTON State: DE Zip: 19803
Phone: (430) 205-6898 Email Contact: _____

☒ **Add** ☐ **Delete** Product: ☐ **Oil** ☒ **Gas**

OGCC Transporter No: 4680 Suffix: _____
Trans./Gatherer Name: DCP MIDSTREAM LP
Address: 370 17TH STREET - SUITE 2500 City: DENVER State: CO Zip: 80202
Phone: (303) 595-3331 Email Contact: _____

Remark: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
The transporter(s)/gatherer(s) is (are) authorized to transport the oil and/or gas produced from the listed well(s) and that this authorization will be valid until further notice to the transporter named herein or until cancelled by the Colorado Oil and Gas Conservation Commission.

SUBMITTED BY:

Signed: _____ Print Name: VISCONTI,BRIANNE
Title: ADMINISTRATOR Email: BVISCONTI@SYRGINFO.COM Date: 10/29/2012

COGCC Approved: Matthew Lee **Title:** Director of COGCC **Date:** 12/27/2012

State of Colorado

Oil and Gas Conservation Commission

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



Document Number:

2172978**CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR**OGCC Operator Number: 10311Name of Operator: SYNERGY RESOURCES CORPORATION**FOR OGCC USE ONLY**

CENTRALIZED EP WASTE MGMT FAC: 0 GAS STORAGE FACILITY: 0 SERVICE SITE: 0 UIC SIMULTANEOUS DISPOSAL: 0
 GAS COMPRESSOR: 0 LOCATION: 0 TANK BATTERY: 0 UIC WATER TRANSFER STATION: 0
 GAS GATHERING SYSTEM: 0 PIPELINE: 0 UIC DISPOSAL: 0 WATER GATHERING SYSTEM LINE: 0
 GAS PROCESSING PLANT: 0 PIT: 0 UIC ENHANCED RECOVERY: 0 WELL: 5

Total Approved: 5 Total out of Total Total Submitted: 5 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	123-34124	424638	424628	Margil	14-34D	NWSW/34/4N/68		4680
	WELL		424638	424628					83720
2	WELL	123-34125	424639	424628	Margil	24-34D	NWSW/34/4N/68		4680
	WELL		424639	424628					83720
3	WELL	123-34123	424637	424628	Margil	34BD	NWSW/34/4N/68		4680
	WELL		424637	424628					83720
4	WELL	123-34122	424636	424628	Margil	23-34D	NWSW/34/4N/68		4680
	WELL		424636	424628					83720
5	WELL	123-34118	424626	424628	Margil	13-34D	NWSW/34/4N/68		4680
	WELL		424626	424628					83720

Total Deleted: 0 Total out of Total Total Submitted: 5 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			

Total Pending: 0 Total out of Total Total Submitted: 5 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			