

**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:

01/31/2013

Document Number:

400376961**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: 10273 Contact Person: April Prohaska
Company Name: HRM RESOURCES LLC Phone: (303) 893-6621
Address: 410 17TH STREET #1200 Fax: (303) 893-6892
City: DENVER State: CO Zip: 80202 Email: aprohaska@hrmresources.net

Operator Bond Status: ☒ Blanket Surety ID: 2009-0029 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 07/01/2012 Form is being submitted by: Buyer

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 44350 Name of NON-Submitting J-W OPERATING COMPANY
NON-submitting Operator is Seller Contact Name Kelly Krattenmaker Title: RM Business Manager
NON-submitting Operator Contact Email: kkrattenmaker@jwenergy.com

Add/Change Transporter or Gatherer

☒ Add ☐ Delete Product: ☒ Oil ☐ Gas

OGCC Transporter No: 70505 Suffix: _____
Trans./Gatherer Name: PLAINS MARKETING LP
Address: 333 CLAY ST #1600 City: HOUSTON State: TX Zip: 77002
Phone: () Email Contact: _____

☒ Add ☐ Delete Product: ☐ Oil ☒ Gas

OGCC Transporter No: 100321 Suffix: _____
Trans./Gatherer Name: ROCKY MOUNTAIN NATURAL GAS LLC
Address: 370 VAN GORDON ST STE 4000 City: LAKEWOOD State: CO Zip: 80228
Phone: () 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: Prohaska, April
Title: Regulatory Email: aprohaska@hrmresources.net Date: 01/31/2013

CHANGE OF OPERATOR:

Name of Buying Operator:

HRM RESOURCES LLC

Name of Selling Operator:

J-W OPERATING COMPANY

Signature: _____ Date: 07/01/2012

Print Name: Prohaska, April Title: Regulatory

Signature: _____ Date: 07/01/2012

Print Name: Kelly Krattenmaker Title: RM Business Manager

COGCC Approved: _____ **Title:** _____ **Date:** _____

State of Colorado
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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10273

Name of Operator: HRM RESOURCES LLC

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: 1	UIC ENHANCED RECOVERY: 0	WELL: 1

Total Approved: 0 Total out of Total Total Submitted: 2 are listed below:

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

Total Deleted: 0 Total out of Total Total Submitted: 2 are listed below:

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

Total Pending: 2 Total out of Total Total Submitted: 2 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	081-06630	223266	313006	HEDGES	1-19	SENW/19/12N/91		70505
	WELL		223266	313006					100321
2	PIT	081-	100590		HEDGES 1-19		CNW/19/12N/91W		