

**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:

**06/13/2013**

Document Number:

**400419848****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: 10079 Contact Person: Shauna Redican  
Company Name: ANTERO RESOURCES PICEANCE LLC Phone: (303) 357-6820  
Address: 1625 17TH ST STE 300 Fax: (303) 357-7315  
City: DENVER State: CO Zip: 80202 Email: sredican@anteroresources.com

Operator Bond Status: ☒ Blanket Surety ID: 2012-0125 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 12/21/2012 Form is being submitted by: Seller

**Non-Submitting Operator Information:**

OGCC Number of NON-Submitting 10447 Name of NON-Submitting URSA OPERATING COMPANY LLC  
NON-submitting Operator is Buyer Contact Name Stephen Skinner Title: Chief Operating Officer  
NON-submitting Operator Contact Email: sskinner@ursaresources.com

**Add/Change Transporter or Gatherer**

☐ Add ☐ Delete Product: ☐ Oil ☐ Gas

OGCC Transporter No: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Trans./Gatherer Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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: Alvyn A. Schopp  
Title: Vice President Email: aschopp@anteroresources.com Date: 06/13/2013

**CHANGE OF OPERATOR:**

Name of Buying Operator: URSA OPERATING COMPANY LLC Name of Selling Operator: ANTERO RESOURCES PICEANCE LLC  
Signature: \_\_\_\_\_ Date: 12/21/2012 Signature: \_\_\_\_\_ Date: 12/21/2012  
Print Name: Stephen Skinner Title: Chief Operating Officer Print Name: Alvyn A. Schopp Title: Vice President

**COGCC Approved:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# State of Colorado

## Oil and Gas Conservation Commission

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Document Number:

400419848**CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR**

OGCC Operator Number: 10079

Name of Operator: ANTERO RESOURCES PICEANCE 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: 0      UIC ENHANCED RECOVERY: 0      WELL: 4

Total Approved: 0      Total out of Total Total Submitted: 4      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: 4      are listed below:

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

Total Pending: 4      Total out of Total Total Submitted: 4      are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	045-20550	422306	422301	BAT	33B-24-7-96	NESW/24/7S/96W		
2	WELL	045-20562	422322	422301	BAT	12B-24-07-	NESW/24/7S/96W		
3	WELL	045-20553	422309	422301	BAT	13A-24-07-	NESW/24/7S/96W		
4	WELL	045-22044	432749	422301	BAT	32C-24-07-	NESW/24/7S/96W		