

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:

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☐ DeleteProduct: ☐ 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: Alvyn A. Schopp

Print Name: Alvyn A. Schopp

Title: Vice President

Email: aschopp@anteroresources.com

Date: \_\_\_\_\_

## CHANGE OF OPERATOR:

Name of Buying Operator:

URSA OPERATING COMPANY LLC

Name of Selling Operator:

ANTERO RESOURCES PICEANCE LLC

Signature: S. Skinner

Date: 12/21/2012

Signature: Alvyn A. Schopp

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: 10079Name 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		