

**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:****01/25/2013****Document Number:****400374626****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: 100185 Contact Person: Marina Ayala
Company Name: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5905
Address: 370 17TH ST STE 1700 Fax: (720) 876-6905
City: DENVER State: CO Zip: 80202-5632 Email: marina.ayala@encana.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**

Add/Change Transporter or Gatherer

☒ **Add** ☐ **Delete** Product: ☐ **Oil** ☒ **Gas**
OGCC Transporter No: 10262 Suffix: _____
Trans./Gatherer Name: ENTERPRISE PRODUCTS OPERATING LLC
Address: P O BOX 4324 City: HOUSTON State: TX Zip: 77210
Phone: (713) 880-6595 Email Contact: _____

☒ **Add** ☐ **Delete** Product: ☐ **Oil** ☒ **Gas**
OGCC Transporter No: 100371 Suffix: _____
Trans./Gatherer Name: ENCANA GATHERING SERVICES (USA) INC.
Address: 950 17TH ST STE 2600 City: DENVER State: CO Zip: 80202
Phone: (303) 623-2300 Email Contact: marina.ayala@encana.com

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: Ayala, Marina
Title: Permitting Technician Email: marina.ayala@encana.com Date: 01/25/2013

COGCC Approved: Matthew Lee **Title:** Director of COGCC **Date:** 07/11/2013

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400374626

NEW WELL CERTIFICATION OF CLEARANCE FOR TRANSPORTER AND/OR GATHERER

OGCC Operator Number: 100185

Name of Operator: ENCANA OIL & GAS (USA) INC

FOR OGCC USE ONLY

Total Approved: 1 Total out of Total Total Submitted: 1 are listed below:

| # | API | Date of First Production | Date of First Sales: | | Well | | Location (QQ/S/T/R) | Transporter / Gatherer |
|---|-----------|--------------------------|----------------------|------------|------|----------|---------------------|------------------------|
| | | | Oil | Gas | Name | Number | | |
| 1 | 045-21030 | 12/27/2012 | | 12/27/2012 | SG | 8516C-21 | SESW/22/4S/96W | 10262 |
| | | | | | | | | 100371 |

Total Deleted: 0 Total out of Total Total Submitted: 1 are listed below:

| # | API | Date of First Production | Date of First Sales: | | Well | | Location (QQ/S/T/R) | Transporter / Gatherer |
|---|-----|--------------------------|----------------------|-----|------|--------|---------------------|------------------------|
| | | | Oil | Gas | Name | Number | | |

Total Pending: 0 Total out of Total Total Submitted: 1 are listed below:

| # | API | Date of First Production | Date of First Sales: | | Well | | Location (QQ/S/T/R) | Transporter / Gatherer |
|---|-----|--------------------------|----------------------|-----|------|--------|---------------------|------------------------|
| | | | Oil | Gas | Name | Number | | |