

**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:

**12/04/2013**

Document Number:

**400521476**

**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: <u>53255</u>	Contact Person: <u>Naomi Azulai</u>
Company Name: <u>MARALEX RESOURCES, INC</u>	Phone: <u>(970) 563-4000</u>
Address: <u>P O BOX 338</u>	Fax: <u>(970) 563-4116</u>
City: <u>IGNACIO</u> State: <u>CO</u> Zip: <u>81137</u>	Email: <u>naomi@maralexinc.com</u>

Operator Bond Status:  Blanket Surety ID: 2001-0075 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 03/01/2013 Form is being submitted by: Buyer

**Non-Submitting Operator Information:**

OGCC Number of NON-Submitting 10320 Name of NON-Submitting TC OPERATING LLC  
 NON-submitting Operator is Seller Contact Name Tom Pool Title: President  
 NON-submitting Operator Contact Email: tapenergy@msn.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: Azulai, Naomi  
 Title: Production Technician Email: naomi@maralexinc.com Date: 12/04/2013

**CHANGE OF OPERATOR:**

Name of Buying Operator: <b>MARALEX RESOURCES, INC</b>	Name of Selling Operator: <b>TC OPERATING LLC</b>
Signature: _____ Date: <u>03/01/2013</u>	Signature: _____ Date: <u>03/01/2013</u>
Print Name: <u>Azulai, Naomi</u> Title: <u>Production Technician</u>	Print Name: <u>Tom Pool</u> Title: <u>President</u>

**COGCC Approved:** Matthew Lee **Title:** Director of COGCC **Date:** 12/12/2013

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

OGCC Operator Number: 53255

Name of Operator: MARALEX RESOURCES, INC

**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: 2

Total Approved: 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	077-08556	221954	312578	CAMP GULCH UNIT-	3-22-8-103	NESE/22/8S/103		
2	WELL	077-08557	221955	312579	CAMP GULCH UNIT-	1-24-8-103	SESE/24/8S/103W		

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: 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			