

**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:

**01/06/2014**

Document Number:

**400535230****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:	Amy Henline
Company Name:	ENCANA OIL & GAS (USA) INC	Phone:	(720) 876-3364
Address:	370 17TH ST STE 1700	Fax:	( )
City:	DENVER	State:	CO
Zip:	80202-5632	Email:	amy.henline@encana.com
Operator Bond Status:	<input checked="" type="checkbox"/> Blanket	Surety ID:	2010-0017
		Individual Surety ID:	see listing by individual well

☐ New Well Cert of Clearance ☒ Change of Operator ☐ Add/Change Transporter or GathererEffective Date of Change Below **10/01/2013** Form is being submitted by: **Seller****Non-Submitting Operator Information:**

OGCC Number of NON-Submitting	10442	Name of NON-Submitting	HUNTER RIDGE ENERGY SERVICES LLC
NON-submitting Operator is	Buyer	Contact Name	Amy Henline
		Title:	Permitting Analyst
NON-submitting Operator	Contact Email:	amy.henline@encana.com	

**Add/Change Transporter or Gatherer**☒ Add ☐ Delete **Product:** ☒ Oil ☐ Gas

OGCC Transporter No:	10442	Suffix:	
Trans./Gatherer Name: HUNTER RIDGE ENERGY SERVICES LLC			
Address:	370 17TH STREET #1700	City:	DENVER
		State:	CO
		Zip:	80202
Phone:	(720) 876-3364	Email Contact:	amy.henline@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:	Henline,Amy
Title:	Permitting Analyst	Email:
		amy.henline@encana.com
		Date:
		01/06/2014

**CHANGE OF OPERATOR:**

Name of Buying Operator:	Name of Selling Operator:
HUNTER RIDGE ENERGY SERVICES LLC	ENCANA OIL & GAS (USA) INC
Signature:	Date:
10/01/2013	Signature:
	Date:
10/01/2013	Print Name:
Amy Henline	Henline,Amy
Title:	Title:
Permitting Analyst	Permitting Analyst

COGCC Approved:	Title:	Date:
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# State of Colorado

## Oil and Gas Conservation Commission

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Document Number:

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

OGCC Operator Number: 100185

Name of Operator: ENCANA OIL &amp; GAS (USA) 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: 2      WATER GATHERING SYSTEM LINE: 0  
 GAS PROCESSING PLANT: 0      PIT: 0      UIC ENHANCED RECOVERY: 0      WELL: 2

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	UIC DISPOSAL	045-	159300		SGU CP01B-27 M23		SWSW/23/4S/96W		
2	UIC DISPOSAL		159389		STORY GULCH UNIT		SENW/26/4S/96W		
3	WELL	045-15495	406	335680	SGU	CP01B-27	SWSW/23/4S/96W		10442
4	WELL	045-11293	280586	335669	SGU	8506B F26	SENW/26/4S/96W		10442