

**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:

12/31/2013

Document Number:

400533541**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: 100322 Contact Person: Eileen Roberts
Company Name: NOBLE ENERGY INC Phone: (303) 303-228-4330
Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202 Email: eroberts@nobleenergyinc.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: 83720 Suffix: _____
Trans./Gatherer Name: SUNCOR ENERGY (USA) INC
Address: 103 FOULK RD STE 202 City: WILMINGTON State: DE Zip: 19803
Phone: (305) 775-8118 Email Contact: cmackiesmith@suncor.com

☒ **Add** ☐ **Delete** Product: ☐ **Oil** ☒ **Gas**

OGCC Transporter No: 10120 Suffix: _____
Trans./Gatherer Name: NOBLE ENERGY PRODUCTION INC
Address: 1625 BROADWAY STE 2200 City: DENVER State: CO Zip: 80202
Phone: (303) 228-4330 Email Contact: eroberts@nobleenergyinc.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: Roberts,Eileen
Title: Regulatory Analyst I Email: eroberts@nobleenergyinc.com Date: 12/31/2013

COGCC Approved: Matthew Lee **Title:** Director of COGCC **Date:** 01/13/2014

State of Colorado
Oil and Gas Conservation Commission

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NEW WELL CERTIFICATION OF CLEARANCE FOR TRANSPORTER AND/OR GATHERER

OGCC Operator Number: 100322

Name of Operator: NOBLE ENERGY 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 | 123-37448 | 11/28/2013 | 11/28/2013 | 11/28/2013 | Rohn State | LD04-63HN | NESE/4/9N/58W | 10120 |
| | | | | | | | | 83720 |

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 | | |