

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:

07/17/2014

Document Number:

400633365

**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>10110</u>	Contact Person:	<u>Laura Harter</u>
Company Name:	<u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone:	<u>(970) 686-8831</u>
Address:	<u>1801 BROADWAY #500</u>	Fax:	<u>(866) 742-1784</u>
City:	<u>DENVER</u>	State:	<u>CO</u>
Zip:	<u>80202</u>	Email:	<u>lharter@gwogco.com</u>
Operator Bond Status:	<input type="checkbox"/> Blanket	Surety ID:	<u></u>
		Individual Surety ID:	<u>see listing by individual well</u>

☐ **New Well Cert of Clearance**    ☐ **Change of Operator**    ☒ **Add/Change Transporter or Gatherer**

Effective Date of Change Below 06/18/2014    Form is being submitted by:

**Add/Change Transporter or Gatherer**

<input checked="" type="checkbox"/> <b>Add</b>	<input type="checkbox"/> <b>Delete</b>	Product:	<input checked="" type="checkbox"/> <b>Oil</b>	<input type="checkbox"/> <b>Gas</b>
OGCC Transporter No:	<u>10512</u>	Suffix:	<u></u>	
Trans./Gatherer Name: <u>ROSE ROCK MIDSTREAM FIELD SERVICES LLC</u>				
Address:	<u>3030 NW EXPRESSWAY SUITE 1100</u>	City:	<u>OKLAHOMA CITY</u>	State: <u>OK</u> Zip: <u>73112</u>
Phone: <u>(303) 694-3174</u>		Email Contact: <u>BORourke@SEMGROUPCORP.COM</u>		

Remark: On the Identification List when the API number for the Spaur Brothers 31-219HN well was entered, it said it was an invalid number. The ADP was check and verified that #123-38762 is the correct number. The Fac ID and Loc ID would not populate, nor would the Township, Range and Section.

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: Harter, Laura  
Title: Office Manager    Email: lharter@gwogco.com    Date: 07/17/2014

**COGCC Approved:**     **Title:**     **Date:**

# State of Colorado

## Oil and Gas Conservation Commission

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

OGCC Operator Number: 10110

Name of Operator: GREAT WESTERN OPERATING COMPANY 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	123-38696	435639	435635	Spaur Brothers EH	31-262HN	NESE/31/7N/63W		10512
2	WELL	123-38693	435636	435635	Spaur Brothers EH	31-222HN	NESE/31/7N/63W		10512
3	WELL	123-38694	435637	435635	Spaur Brothers EH	31-259HC	NESE/31/7N/63W		10512
4	WELL	123-38762			Spaur Brothers EH	31-219HN	///		10512