

FORM
10Rev
10/12State 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:

12/16/2014

Document Number:

2092877

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:	10407	Contact Person:	CLAY EVANS
Company Name:	ANTLER ENERGY LLC	Phone:	(307) 380-7616
Address:	PO BOX 104	Fax:	(307) 380-7616
City:	BAGGS	State:	WY
Zip:	82321	Email:	ANTLERENERGY@YAHOO.COM
Operator Bond Status:	<input checked="" type="checkbox"/> Blanket	Surety ID:	2014-0108
		Individual Surety ID:	<u>see listing by individual well</u>

☐ New Well Cert of Clearance ☒ Change of Operator ☐ Add/Change Transporter or GathererEffective Date of Change Below 07/01/2014 Form is being submitted by: Buyer**Non-Submitting Operator Information:**

OGCC Number of NON-Submitting	10255	Name of NON-Submitting	QUICKSILVER RESOURCES INC
NON-submitting Operator is	Seller	Contact Name	CINDY KEISTER
		Title:	REGULATORY AFFAIRS
NON-submitting Operator Contact Email: _____			

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

OGCC Transporter No:	100321	Suffix:	
Trans./Gatherer Name: <u>ROCKY MOUNTAIN NATURAL GAS LLC</u>			
Address:	600 12TH STREET #300	City:	GOLDEN
		State:	CO
		Zip:	80401
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:	EVANS,CLAY
Title: AGENT	Email:	ANTLERENERGY@YAHOO.COM
	Date:	12/04/2014

CHANGE OF OPERATOR:

Name of Buying Operator:	Name of Selling Operator:
<u>ANTLER ENERGY LLC</u>	<u>QUICKSILVER RESOURCES INC</u>
Signature: _____	Signature: _____
Date: <u>07/01/2014</u>	Date: <u>07/01/2014</u>
Print Name: <u>EVANS,CLAY</u>	Print Name: <u>CINDY KEISTER</u>
Title: <u>AGENT</u>	Title: <u>REGULATORY AFFAIRS</u>

COGCC Approved: <u>Matthew Lee</u>	Title: <u>Director of COGCC</u>	Date: <u>12/16/2014</u>
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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10407

Name of Operator: ANTLER ENERGY 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: 1 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: 1

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	081-07455	299438	313413	MOFFAT COUNTY	1-8	SWSE/8/9N/94W		100321
2	LOCATION	081-	313413	313413	MOFFAT COUNTY-	8SWSE	SWSE/8/9N/94W		

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			