

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:
12/16/2014
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: Blanket Surety ID: 2014-0108 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 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: ROCKY MOUNTAIN NATURAL GAS LLC
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: ANTLER ENERGY LLC Name of Selling Operator: QUICKSILVER RESOURCES INC
Signature: _____ Date: 07/01/2014 Signature: _____ Date: 07/01/2014
Print Name: EVANS,CLAY Title: AGENT Print Name: CINDY KEISTER Title: REGULATORY AFFAIRS

COGCC Approved: Matthew Lee Title: Director of COGCC Date: 12/16/2014

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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			