

**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:

02/10/2015

Document Number:

2437270**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: 11001 Contact Person: ROBERTA BROWN
Company Name: BROWN OIL & GAS LLC Phone: (970) 522-1072
Address: 10481 COUNTY ROAD 20.5 Fax: (970) 521-0187
City: STERLING State: CO Zip: 80751 Email: BROWN_OIL_AND_GAS@HOTMAIL.CO
M

Operator Bond Status: ☒ Blanket Surety ID: 2010-0159 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 06/01/2013 Form is being submitted by: Buyer

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 10245 Name of NON-Submitting SINGLETREE RESOURCES INC
NON-submitting Operator is Seller Contact Name TONY MARKVE Title: OWNER/AGENT
NON-submitting Operator Contact Email: _____

Add/Change Transporter or Gatherer

☒ Add ☐ Delete Product: ☒ Oil ☐ Gas

OGCC Transporter No: 70505 Suffix: _____
Trans./Gatherer Name: PLAINS MARKETING LP
Address: 333 CLAY ST #1600 City: HOUSTON State: TX Zip: 77002
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: BROWN,ROBERTA
Title: AGENT Email: BROWN_OIL_AND_GAS@HOTMAIL.C Date: 06/01/2013
OM

CHANGE OF OPERATOR:

Name of Buying Operator: BROWN OIL & GAS LLC Name of Selling Operator: SINGLETREE RESOURCES INC
Signature: _____ Date: 06/01/2013 Signature: _____ Date: 06/01/2013
Print Name: BROWN,ROBERTA Title: AGENT Print Name: TONY MARKVE Title: OWNER/AGENT

COGCC Approved: Matthew Lee **Title:** Director of COGCC **Date:** 02/17/2015

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

2437270

CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 11001

Name of Operator: BROWN OIL & GAS 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: 1

Total Approved: 1 Total out of Total Total Submitted: 1 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	075-09419	430954	430950	Haley Smith	14-18	SWSW/18/11N/53		70505

Total Deleted: 0 Total out of Total Total Submitted: 1 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: 1 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			