

**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:

09/12/2014

Document Number:

2438087**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: 10449 Contact Person: MARK GOLDSTEIN
Company Name: TRITON ENERGY SERVICES LLC Phone: (970) 797-2187
Address: 2850 MCCLELLAND DRIVE STE 2400 Fax: (970) 692-8342
City: FORT COLLINS State: CO Zip: 80525 Email: MARKGOLDSTEIN@GOLDSTEINENTERPRISESINC.COM

Operator Bond Status: ☒ Blanket Surety ID: 2014-0086 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 09/05/2014 Form is being submitted by: Seller

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 10529 Name of NON-Submitting TRITON WATER DISPOSAL SERVICES LLC
NON-submitting Operator is Buyer Contact Name MARK GOLDSTEIN Title: MANAGING MEMBER
NON-submitting Operator Contact Email: MARKGOLDSTEIN@GOLDSTEINENTERPRISESINC.C

Add/Change Transporter or Gatherer

☐ Add ☐ Delete Product: ☐ Oil ☐ Gas

OGCC Transporter No: _____ Suffix: _____
Trans./Gatherer Name: _____
Address: _____ City: _____ State: _____ Zip: _____
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: GOLDSTEIN, MARK
Title: MANAGING MEMBER Email: MARKGOLDSTEIN@GOLDSTEINENTE Date: 09/04/2014
RPRISINC.COM

CHANGE OF OPERATOR:

Name of Buying Operator: TRITON WATER DISPOSAL SERVICES LLC Name of Selling Operator: TRITON ENERGY SERVICES LLC
Signature: _____ Date: 09/05/2014 Signature: _____ Date: 09/05/2014
Print Name: MARK GOLDSTEIN Title: MANAGING MEMBER Print Name: GOLDSTEIN, MARK Title: MANAGING MEMBER

COGCC Approved: _____ **Title:** Director of COGCC **Date:** 04/15/2015

Matthew Lee

State of Colorado
Oil and Gas Conservation Commission

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10449

Name of Operator: TRITON ENERGY SERVICES 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: 1 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	123-37102	432427	432431	CHISMAR J	18-64-1HC	NWSW/18/5N/66		
2	UIC DISPOSAL	123-	159469		TES TRITON #1		SWNW/23/4N/66		

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			