

**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:

**04/09/2015**

Document Number:

**400790888****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: 66561 Contact Person: Joan Proulx  
Company Name: OXY USA INC Phone: (970) 263-3641  
Address: 760 HORIZON DR #101 Fax: (970) 263-3694  
City: GRAND JUNCTION State: CO Zip: 81506 Email: joan\_proulx@oxy.com

Operator Bond Status: ☒ Blanket Surety ID: 1997-0026 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 05/01/2014 Form is being submitted by: Seller

**Non-Submitting Operator Information:**

OGCC Number of NON-Submitting 56565 Name of NON-Submitting MERIT ENERGY COMPANY  
NON-submitting Operator is Buyer Contact Name Arlene Valliquette Title: Regulatory Manager  
NON-submitting Operator Contact Email: arlene.valliquette@meritenergy.com

**Add/Change Transporter or Gatherer**

☒ **Add** ☐ **Delete** Product: ☐ Oil ☒ Gas

OGCC Transporter No: 18600 Suffix: \_\_\_\_\_  
Trans./Gatherer Name: COLORADO INTERSTATE GAS COMPANY LLC  
Address: P O BOX 1087 City: COLORADO SPRINGS State: CO Zip: 80944  
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: Proulx,Joan  
Title: Regulatory Analyst Email: joan\_proulx@oxy.com Date: 04/09/2015

**CHANGE OF OPERATOR:**

Name of Buying Operator: MERIT ENERGY COMPANY Name of Selling Operator: OXY USA INC  
Signature: \_\_\_\_\_ Date: 05/01/2014 Signature: \_\_\_\_\_ Date: 05/01/2014  
Print Name: Arlene Valliquette Title: Regulatory Manager Print Name: Proulx,Joan Title: Regulatory Analyst

**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: 66561

Name of Operator: OXY USA INC

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: 6      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: 6

Total Approved: 0      Total out of Total Total Submitted: 12      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: 12      are listed below:

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

Total Pending: 12      Total out of Total Total Submitted: 12      are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	099-06362	228035	314208	BAILEY	C-2	NESW/28/23S/47		18600
2	LOCATION	099-	314208	314208	BAILEY-623S47W	28NESW	NESW/28/23S/47		
4	LOCATION		314185	314185	STAKER-625S47W	7SWSE	SWSE/7/25S/47W		
6	LOCATION		314183	314183	ELLENBERGER-	18CNE	CNE/18/25S/47W		
3	WELL	099-06146	227820	314185	STAKER	A-1	SWSE/7/25S/47W		18600
5	WELL	099-06138	227812	314183	ELLENBERGER	1	CNE/18/25S/47W		18600
15	WELL	061-06331	212970	324825	STATE	1	NESE/21/19S/47		18600
16	LOCATION	061-	324825	324825	STATE-619S47W	21NESE	NESE/21/19S/47		
18	LOCATION		324855	324855	SPRING STATE-	29NENE	NENE/29/19S/47		
20	LOCATION		324817	324817	NEGLEY A-620S48W	30NWSE	NWSE/30/20S/48		
17	WELL	061-06590	213228	324855	SPRING STATE	1-29	NENE/29/19S/47		18600
19	WELL	061-06233	212873	324817	NEGLEY A	1	NWSE/30/20S/48		18600