

**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:

06/12/2015

Document Number:

400851806**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: 6720	Contact Person: JOHN THOMAS
Company Name: BAYLESS PRODUCER, LLC* ROBERT L	Phone: (505) 326-2659
Address: P O BOX 168	Fax: (505) 326-6911
City: FARMINGTON State: NM Zip: 87499	Email: NOTICES@RLBAYLESS.COM

Operator Bond Status: <input checked="" type="checkbox"/> Blanket	Surety ID: _____	Individual Surety ID: <u>see listing by individual well</u>
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☐ New Well Cert of Clearance ☒ Change of Operator ☐ Add/Change Transporter or GathererEffective Date of Change Below 03/01/2015 Form is being submitted by: Seller**Non-Submitting Operator Information:**

OGCC Number of NON-Submitting	10560	Name of NON-Submitting	WEST TEXAS OPERATING LLC DBA XTREME
NON-submitting Operator is	Buyer	Contact Name	MIKE HAHN
		Title:	PRODUCTION FOREMAN
NON-submitting Operator	Contact Email:	MHAHN@XEOGC.COM	

Add/Change Transporter or Gatherer

<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas
OGCC Transporter No: 100185	Suffix: _____
Trans./Gatherer Name: ENCANA OIL & GAS (USA) INC	
Address: 370 17TH ST STE 1700	City: DENVER State: CO Zip: 80202-5632
Phone: (303) 6232300	Email Contact: _____
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: 70505	Suffix: A
Trans./Gatherer Name: PLAINS MARKETING LP	
Address: 333 CLAY ST #1600	City: HOUSTON State: TX Zip: 77002
Phone: (303)	Email Contact: _____

Remark: This is a Change of Operator form from Robert L. Bayless Producer to Xtreme Energy for the Hell's Hole 19-1 and Hell's Hole 18-9 wells.

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: THOMAS,JOHN
Title: OPERATIONS ENG & ASSET MG	Email: NOTICES@RLBAYLESS.COM Date: 06/12/2015

CHANGE OF OPERATOR:

Name of Buying Operator:

**WEST TEXAS OPERATING LLC DBA XTREME ENERGY
COMPANY**

Name of Selling Operator:

BAYLESS PRODUCER, LLC* ROBERT L

Signature: _____ Date: 03/01/2015

Print Name: MIKE HAHN Title: PRODUCTION
FOREMAN

Signature: _____ Date: 03/01/2015

Print Name: THOMAS,JOHN Title: OPERATIONS
ENG & ASSET
MG

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: 6720

Name of Operator: BAYLESS PRODUCER, LLC* ROBERT L

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: 2

Total Approved: 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 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: 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	103-11407	298910	316688	HELLS HOLE	18-9	SESE/18/2S/103W	1101638	70505
	WELL		298910	316688					100185
2	WELL	103-10835	285932	316555	HELLS HOLE	19-1	NENE/19/2S/103	1101638	70505
	WELL		285932	316555					100185