

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:

10/14/2015

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**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: <u>100322</u>	Contact Person: <u>EILEEN ROBERTS</u>
Company Name: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4330</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>eileen.roberts@nblenergy.com</u>
Operator Bond Status: <input type="checkbox"/> Blanket Surety ID: _____	Individual Surety ID: <u>see listing by individual well</u>

☒ **New Well Cert of Clearance** ☐ **Change of Operator** ☐ **Add/Change Transporter or Gatherer**

**Add/Change Transporter or Gatherer**

<input checked="" type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Delete</b>	Product: <input checked="" type="checkbox"/> <b>Oil</b> <input type="checkbox"/> <b>Gas</b>
OGCC Transporter No: <u>83720</u> Suffix: _____	
Trans./Gatherer Name: <u>SUNCOR ENERGY (USA) INC</u>	
Address: <u>717 17TH STREET #2900</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	
Phone: <u>(303) 227-6142</u> Email Contact: <u>galexander@suncor.com</u>	
<input checked="" type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Delete</b>	Product: <input type="checkbox"/> <b>Oil</b> <input checked="" type="checkbox"/> <b>Gas</b>
OGCC Transporter No: <u>4680</u> Suffix: _____	
Trans./Gatherer Name: <u>DCP MIDSTREAM LP</u>	
Address: <u>370 17TH STREET - SUITE 2500</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	
Phone: <u>(303) 605-2166</u> Email Contact: <u>kerice@dcpmidstream.com</u>	

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: ROBERTS,EILEEN  
Title: REGULATORY ANALYST Email: eileen.roberts@nblenergy.com Date: 10/14/2015

**COGCC Approved:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## NEW WELL CERTIFICATION OF CLEARANCE FOR TRANSPORTER AND/OR GATHERER

OGCC Operator Number: 100322

Name of Operator: NOBLE ENERGY INC

FOR OGCC USE ONLY

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

#	API	Date of First Production	Date of First Sales:		Well		Location (QQ/S/T/R)	Transporter / Gatherer
			Oil	Gas	Name	Number		

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

#	API	Date of First Production	Date of First Sales:		Well		Location (QQ/S/T/R)	Transporter / Gatherer
			Oil	Gas	Name	Number		

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

#	API	Date of First Production	Date of First Sales:		Well		Location (QQ/S/T/R)	Transporter / Gatherer
			Oil	Gas	Name	Number		
1	123-39476	05/08/2015	05/08/2015	05/08/2015	FIVE RIVERS	K09-65-1HN	NESE/8/4N/66W	4680
								83720