

FORM
10
Rev
10/12



OGCC RECEPTION

Receive Date:
11/13/2013

Document Number:
400512712

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: 100185 Contact Person: Judith Walter
Company Name: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702
Address: 370 17TH ST STE 1700 Fax: (720) 876-4702
City: DENVER State: CO Zip: 80202-5632 Email: judith.walter@encana.com

Operator Bond Status: Blanket Surety ID: 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 10/09/2012 Form is being submitted by:

Add/Change Transporter or Gatherer

Add Delete Product: Oil Gas

OGCC Transporter No: 100123 Suffix:
Trans./Gatherer Name: BASIN WESTERN INC
Address: P O BOX 877 City: ROOSEVELT State: UT Zip: 84066
Phone: (888) 722-5351 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: Walter, Judith
Title: Regulatory Analyst Email: judith.walter@encana.com Date: 11/13/2013

COGCC Approved: Matthew Lee Title: Director of COGCC Date: 03/22/2016

**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:
400512712

CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 100185

Name of Operator: ENCANA OIL & GAS (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: 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: 3 |

Total Approved: 3 Total out of Total Total Submitted: 3 are listed below:

| # | TYPE | API | FAC ID | Loc# | Facility | | Location (QQ/S/T/R) | Surety ID | Transporter / Gatherer |
|---|------|-----------|--------|--------|--------------|----------|------------------------|-----------|---------------------------|
| | | | | | Name | Number | | | |
| 1 | WELL | 045-20317 | 421147 | 335806 | N. Parachute | EF14E-27 | SESE/27/5S/95W | | 100123 |
| 2 | WELL | 045-20283 | 421111 | 335806 | N. Parachute | EF14F-27 | SESE/27/5S/95W | | 100123 |
| 3 | WELL | 045-20295 | 421123 | 335806 | N. Parachute | EF16D-27 | SESE/27/5S/95W | | 100123 |

Total Deleted: 0 Total out of Total Total Submitted: 3 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: 3 are listed below:

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