

**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:

05/13/2016

Document Number:

2212782**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: 10616 Contact Person: AUTRY STEPHENS
Company Name: ENDEAVOR ENERGY RESOURCES LP Phone: (432) 687-1515
Address: 110 N MARIENFIELD #200 Fax: (432) 687-2521
City: MIDLAND State: TX Zip: 79701 Email: CHERL@EERONLINE.COM

Operator Bond Status: ☒ Blanket Surety ID: 2016-0024 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 03/01/2016 Form is being submitted by: Buyer

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 10367 Name of NON-Submitting TRINITY BAY OIL & GAS, INC
NON-submitting Operator is Seller Contact Name L CHUCK SIMMONS Title: PRESIDENT
NON-submitting Operator Contact Email: INLUBBOCK1@YAHOO.COM

Add/Change Transporter or Gatherer

☒ Add ☐ Delete Product: ☒ Oil ☐ Gas

OGCC Transporter No: 70505 Suffix: _____
Trans./Gatherer Name: PLAINS MARKETING LP
Address: 333 CLAY ST #1600 City: HOUSTON State: TX Zip: 77002
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: STEPHENS,AUTRY
Title: SOLE MEMBER Email: CHERL@EERONLINE.COM Date: 05/13/2016

CHANGE OF OPERATOR:

Name of Buying Operator: ENDEAVOR ENERGY RESOURCES LP Name of Selling Operator: TRINITY BAY OIL & GAS, INC
Signature: _____ Date: 03/01/2016 Signature: _____ Date: 03/01/2016
Print Name: STEPHENS,AUTRY Title: SOLE MEMBER Print Name: L CHUCK SIMMONS Title: PRESIDENT

COGCC Approved: _____

Title: Director of COGCCDate: 06/30/2016

State of Colorado
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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10616

Name of Operator: ENDEAVOR ENERGY RESOURCES LP

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: 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	061-06220	212860	324814	TALLMAN	23-2	SEW/23/18S/45		70505
2	WELL	061-06239	212879	324818	TALLMAN	23-3	NWSE/23/18S/45		70505

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			