

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:

Document Number:

401094954

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: 10261 Contact Person: Donald Barbula
 Company Name: BAYSWATER EXPLORATION AND PRODUCTION LLC Phone: (303) 893.2503
 Address: 730 17TH ST STE 610 Fax: (303) 893.2508
 City: DENVER State: CO Zip: 80202 Email: DBarbula@Bayswater.us

Operator Bond Status: Blanket Surety ID: 2010-0112 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 08/19/2016 Form is being submitted by: Buyer

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 30658 Name of NON-Submitting FOUNTAINHEAD RESOURCES LTD
 NON-submitting Operator is Seller Contact Name DAVID A GOTTENBORG Title: Manager
 NON-submitting Operator Contact Email: dave@fountainheadresources.net

Add/Change Transporter or Gatherer

Add Delete Product: Oil Gas

OGCC Transporter No: 4680 Suffix: _____
 Trans./Gatherer Name: DCP MIDSTREAM LP
 Address: 370 17TH STREET - SUITE 2500 City: DENVER State: CO Zip: 80202
 Phone: () Email Contact: _____

Add Delete Product: Oil Gas

OGCC Transporter No: 31295 Suffix: _____
 Trans./Gatherer Name: HOLLYFRONTIER REFINING & MARKETING LLC
 Address: PO BOX 1600 City: ARTESIA State: NM Zip: 88210
 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: Donald W. Barbula Print Name: Barbula, Donald
 Title: Sr. V. P. of Operations Email: DBarbula@Bayswater.us Date: _____

CHANGE OF OPERATOR:

Name of Buying Operator:

BAYSWATER EXPLORATION AND PRODUCTION LLC

Name of Selling Operator:

FOUNTAINHEAD RESOURCES LTD

Signature: Donald W. Barbula Date: 08/19/2016

Signature: David A. Gottenborg Date: 08/19/2016

Print Name: Barbula, Donald Title: Sr. V. P. of Operations

Print Name: DAVID A GOTTENBORG Title: Manager

COGCC Approved: _____

Title: _____

Date: _____

**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:
401094954

CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10261
Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION LLC

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: 4

Total Approved: 0 Total out of Total Total Submitted: 4 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: 4 are listed below:

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

Total Pending: 4 Total out of Total Total Submitted: 4 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	123-12238	244444	322902	LITTLE WILL	9	SWSE/25/6N/65W	4680	
	WELL		244444	322902				31295	
2	WELL	123-11986	244193	322748	LITTLE WILL	8	SWNE/35/6N/65W	4680	
	WELL		244193	322748				31295	
3	WELL	123-11419	243627	319530	LITTLE WILL	2	NWSE/25/6N/65W	4680	
	WELL		243627	319530				31295	
4	WELL	123-11295	243503	319449	KAMMERZELL	NORDIC 1-6	SWSE/6/4N/66W	4680	
	WELL		243503	319449				31295	