

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:

05/04/2015

Document Number:

400834978

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>10439</u>	Contact Person: <u>CYNTHIA PINEL</u>
Company Name: <u>CARRIZO NIOBRARA LLC</u>	Phone: <u>(713) 358-6210</u>
Address: <u>500 DALLAS STREET #2300</u>	Fax: <u>()</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>	Email: <u>CYNTHIA.PINEL@CRZO.NET</u>

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 01/01/2015 Form is being submitted by: _____

Add/Change Transporter or Gatherer

<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: <u>10445</u> Suffix: _____	
Trans./Gatherer Name: <u>BADLANDS TANK LINES LLC</u>	
Address: <u>18139 ATLAS STREET</u> City: <u>OMAHA</u> State: <u>NE</u> Zip: <u>68130</u>	
Phone: () Email Contact: _____	

<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: <u>70505</u> Suffix: _____	
Trans./Gatherer Name: <u>PLAINS MARKETING LP</u>	
Address: <u>333 CLAY ST #1600</u> City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>	
Phone: () Email Contact: _____	

<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: <u>10540</u> Suffix: _____	
Trans./Gatherer Name: <u>NGL CRUDE LOGISTICS LLC</u>	
Address: <u>3773 CHERRY CREEK NORTH DR SUITE 1000</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80209</u>	
Phone: () Email Contact: _____	

<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: <u>86033</u> Suffix: _____	
Trans./Gatherer Name: <u>ENTERPRISE CRUDE OIL LLC</u>	
Address: <u>210 PARK AVE STE 1500</u> City: <u>OKLAHOMA CITY</u> State: <u>OK</u> Zip: <u>73102</u>	
Phone: () Email Contact: _____	

Add DeleteProduct: Oil GasOGCC Transporter No: 10443 Suffix: _____Trans./Gatherer Name: GAZELLE TRANSPORATION INCAddress: 34915 GAZELLE COURT City: BAKERSFIELD State: CA Zip: 93308

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: PINEL,CYNTHIATitle: REGULATORY COMP. ANALYSTEmail: CYNTHIA.PINEL@CRZO.NETDate: 05/04/2015COGCC Approved: Title: Director of COGCCDate: 08/25/2016

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10439

Name of Operator: CARRIZO NIOBRARA 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: 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	001-06455	201052	319709	STATE OF	1	NESE/16/2S/66W		10443
	WELL		201052	319709					10445
	WELL		201052	319709					10540
	WELL		201052	319709					70505
	WELL		201052	319709					86033
2	WELL	001-08293	202888	320170	CUSTY	1	SWSW/15/2S/66W		10443
	WELL		202888	320170					10445
	WELL		202888	320170					10540
	WELL		202888	320170					70505
	WELL		202888	320170					86033

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			