

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



## CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

Form 10 is used for Certification of Clearance to transport product off lease. A Form 10 shall be filed within 15 days of a change or transfer of ownership of a well, location or facility. A Form 10 Certification of Clearance shall be filed within 30 days of initial sales or change of transporter gatherer. It is the Operator's responsibility to provide approved copies to the Transporter and/or Gatherer for each well listed. For more information visit [www.cogcc.state.co.us](http://www.cogcc.state.co.us).

FOR OGCC USE ONLY

1. OGCC Operator Number: 10646  
 2. Name of Operator: Bison Exploration LLC  
 3. Address: P.O. Box 1168  
 City: Denver State: CO Zip: 80202  
 4. Contact Name: Abigail Wenk  
 Phone: 720-644-6997  
 Fax: \_\_\_\_\_  
 Email: awenk@bisonog.com

Operator Bond Status ☒ Blanket ☐ IndividualSurety ID# 2016-0140☐ New Well Certification of Clearance☒ Change of Operator ☐ Add/Change Transporter or Gatherer Effective Date of Change: 10/02/2016

## Transporter or Gatherer Information

☐ Add ☐ Delete Product: ☐ Oil ☐ Gas  
 OGCC Transporter No: \_\_\_\_\_ Transporter/Gatherer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Area Code and Phone Number: \_\_\_\_\_ Email Contact: \_\_\_\_\_

☐ Add ☐ Delete Product: ☐ Oil ☐ Gas  
 OGCC Transporter No: \_\_\_\_\_ Transporter/Gatherer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Area Code and Phone Number: \_\_\_\_\_ Email Contact: \_\_\_\_\_

☐ Add ☐ Delete Product: ☐ Oil ☐ Gas  
 OGCC Transporter No: \_\_\_\_\_ Transporter/Gatherer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Area Code and Phone Number: \_\_\_\_\_ Email Contact: \_\_\_\_\_

☐ Add ☐ Delete Product: ☐ Oil ☐ Gas  
 OGCC Transporter No: \_\_\_\_\_ Transporter/Gatherer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Area Code and Phone Number: \_\_\_\_\_ Email Contact: \_\_\_\_\_

Remarks: \_\_\_\_\_

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 all 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: [Signature] Print Name: 720-644-6997  
 Title: Consulting Regulatory Analyst Email: awenk@bisonog.com Date: 3/7/2017

## CHANGE OF OPERATOR:

Name of Buying Operator: Bison Exploration LLC	Name of Selling Operator: Bison Oil & Gas LLC
Signature: <u>[Signature]</u> Date: <u>3/6/17</u>	Signature: <u>[Signature]</u> Date: <u>3/7/2017</u>
Print Name/Title: <u>KENNETH WAGNER</u>	Print Name/Title: David Gonzales
Email: <u>kwagner@bisonog.com</u>	Email: <u>dgonzales@bisonog.com</u>

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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OGCC Operator Number: 10646

NEW WELL CERTIFICATION OF CLEARANCE FOR TRANSPORTER and/or GATHERER

FOR OGCC USE ONLY

#	API#:	Date of First Production:	Date of First Sales: Oil Gas	Well Name:	Well No.	Location(QQ,STR)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

#	TYPE	OGCC Identifying Number: API#, Facility ID, Location ID	Well or Facility Name:	No.	Location(QQ,STR)
1	Location	429584	WEP	28-11-3-64	NWNW/28/3S/64W
2	Pit	430903	WEP Freshwater Pit	28-41-3-64	NENE/28/3S/64W
3	Well	001-09754	WEP	1-28-11-3	NWNW/28/3S/64W
4	Well	001-09753	WEP	4-28-11-3	NWNW/28/3S/64W
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					