

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: 401260442

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>10311</u>	Contact Person: <u>Dave Kulmann</u>
Company Name: <u>SYNERGY RESOURCES CORPORATION</u>	Phone: <u>(720) 616-4382</u>
Address: <u>1675 BROADWAY SUITE 2600</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>dkulmann@srcenergy.com</u>

Operator Bond Status: Blanket Surety ID: 2000-0079 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 04/17/2017 Form is being submitted by: Seller

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 69560 Name of NON-Submitting PETROLEUM MANAGEMENT LLC

NON-submitting Operator is Buyer Contact Name Ed Holloway Title: Owner

NON-submitting Operator Contact Email: edgasup@aol.com

Add/Change Transporter or Gatherer

Add Delete Product: Oil Gas

OGCC Transporter No: 26555 Suffix: _____

Trans./Gatherer Name: EIGHTY-EIGHT OIL CO

Address: P O DRAWER 2360 City: CASPER State: WY Zip: 82602

Phone: () Email Contact: _____

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: _____

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: Dave Kulmann

Title: Director Regulatory Email: dkulmann@srcenergy.com Date: _____

CHANGE OF OPERATOR:

Name of Buying Operator:

Name of Selling Operator:

PETROLEUM MANAGEMENT LLC

SYNERGY RESOURCES CORPORATION

Signature:  Date: 04/17/2017

Signature:  Date: 04/17/2017

Print Name: Ed Holloway Title: Owner

Print Name: Dave Kulmann Title: Director

Regulatory

COGCC Approved: _____

Title: _____

Date: _____

FORM
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Oil and Gas Conservation Commission

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10311

Name of Operator: SYNERGY RESOURCES CORPORATION

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: 1 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: 1

Total Approved: 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 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: 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			
2	LOCATION	123-	328514	328514	STRUCK-36N67W	36NWNE	NWNE/36/1N/67W	20000079	
3	WELL	123-16082	248284	328514	STRUCK	1	NWNE/36/1N/67W	20000079	4680
	WELL		248284	328514					26555