

**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:

05/24/2017

Document Number:

401291961**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>10330</u>	Contact Person:	<u>Dave Rebol</u>
Company Name:	<u>INVESTMENT EQUIPMENT LLC</u>	Phone:	<u>(970) 867-9007</u>
Address:	<u>412 W PLATTE AVE</u>	Fax:	<u>(970) 867-8374</u>
City:	<u>FT MORGAN</u>	Email:	<u>daverebol@hotmail.com</u>
State:	<u>CO</u>		
Zip:	<u>80701</u>		
Operator Bond Status:	<input checked="" type="checkbox"/> Blanket	Surety ID:	<u>2010-0051</u>
		Individual Surety ID:	<u>see listing by individual well</u>

☐ New Well Cert of Clearance ☐ Change of Operator ☒ Add/Change Transporter or GathererEffective Date of Change Below 06/01/2017

Form is being submitted by: \_\_\_\_\_

**Add/Change Transporter or Gatherer**

<input type="checkbox"/> Add	<input checked="" type="checkbox"/> Delete	Product:	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Gas
OGCC Transporter No:	<u>200198</u>	Suffix:	_____	
Trans./Gatherer Name: <u>SUNOCO PARTNERS MARKETING &amp; TERMINALS LP</u>				
Address:	<u>ONE FLUOR DANIEL DR</u>	City:	<u>SUGAR LAND</u>	State: <u>TX</u> Zip: <u>77478</u>
Phone:	<u>(281) -637-6362</u>	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:	<u>(713) 646-4125</u>	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: Rebol,DaveTitle: MemberEmail: daverebol@hotmail.comDate: 05/24/2017**COGCC Approved:** \_\_\_\_\_**Title:** \_\_\_\_\_**Date:** \_\_\_\_\_

# State of Colorado

## Oil and Gas Conservation Commission

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### CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10330

Name of Operator: INVESTMENT EQUIPMENT 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: 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			
1	WELL	075-09290	221164	312309	COLORADO	4-10	NWSW/10/6N/52		70505
2	WELL	075-09264	221138	312301	COLORADO	1-10	SWSW/10/6N/52		70505