

**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:

06/07/2017

Document Number:

401299430**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: 46290	Contact Person: Susana Lara-Mesa
Company Name: K P KAUFFMAN COMPANY INC	Phone: (303) 825-4822
Address: 1675 BROADWAY, STE 2800	Fax: ()
City: DENVER State: CO Zip: 80202	Email: slaramesa@kpk.com
Operator Bond Status: <input checked="" type="checkbox"/> Blanket Surety ID: 2001-0023	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: Buyer**Non-Submitting Operator Information:**

OGCC Number of NON-Submitting	6575	Name of NON-Submitting	BATES* JAMES EDWARD
NON-submitting Operator is	Seller	Contact Name	James Edward Bates
		Title:	Manager
NON-submitting Operator Contact Email:			

Add/Change Transporter or Gatherer☒ Add ☐ Delete Product: ☒ Oil ☐ Gas

OGCC Transporter No: 83720	Suffix:	
Trans./Gatherer Name: SUNCOR ENERGY (USA) INC		
Address: 717 17TH STREET #2900	City: DENVER	State: CO Zip: 80202
Phone: ()	Email Contact: watjan@paalp.com	

☒ 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: Lara-Mesa, Susana
Title: VP Engineering	Email: slaramesa@kpk.com Date: 06/07/2017

CHANGE OF OPERATOR:

Name of Buying Operator:

K P KAUFFMAN COMPANY INC

Name of Selling Operator:

BATES* JAMES EDWARD

Signature: _____ Date: 06/01/2017

Signature: _____ Date: 06/01/2017

Print Name: Lara-Mesa,Susana Title: VP Engineering

Print Name: James Edward Bates Title: Manager

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: 46290

Name of Operator: K P KAUFFMAN COMPANY INC

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: 13

Total Approved: 0 Total out of Total Total Submitted: 13 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: 13 are listed below:

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

Total Pending: 13 Total out of Total Total Submitted: 13 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	123-08279	240491	311293	CLEVELAND	1	NENW/28/2N/67W		4680
	WELL		240491	311293					83720
2	WELL	123-09218	241429	311316	VONASEK	5	SESE/27/2N/67W		4680
	WELL		241429	311316					83720
3	WELL	123-09229	241440	318511	VONASEK	7	SENE/27/2N/67W		4680
	WELL		241440	318511					83720
4	WELL	123-09219	241430	332950	VONASEK	6	NWSE/27/2N/67W		4680
	WELL		241430	332950					83720
6	WELL	123-07708	239920	333302	VONASEK	1	NESE/27/2N/67W		4680
	WELL		239920	333302					83720
7	WELL	123-08214	240426	336300	VONASEK	2	SWNE/27/2N/67W		4680
	WELL		240426	336300					83720
8	WELL	123-08280	240492	332884	CLEVELAND	2	SWNW/28/2N/67		4680
	WELL		240492	332884					83720
9	WELL	123-08301	240513	318056	CLEVELAND	3	NESW/28/2N/67W		4680
	WELL		240513	318056					83720
10	WELL	123-09180	241391	332926	CLEVELAND	8	NWNW/28/2N/67		4680
	WELL		241391	332926					83720
11	WELL	123-08523	240735	336206	VONASEK	4	SWSE/27/2N/67W		4680
	WELL		240735	336206					83720
12	WELL	123-09179	241390	336113	CLEVELAND	7	SENW/28/2N/67W		4680
	WELL		241390	336113					83720
13	WELL	123-08219	240431	336205	VONASEK	3	NENE/27/2N/67W		4680
	WELL		240431	336205					83720
14	WELL	123-09233	241444	336210	VONASEK	8	NWNE/27/2N/67W		4680
	WELL		241444	336210					83720