

**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:

06/06/2017

Document Number:

401278775**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: 96340 Contact Person: Jeff Wiepking
Company Name: WIEPKING-FULLERTON ENERGY LLC Phone: (303) 789-1798
Address: 4600 S DOWNING ST Fax: ()
City: ENGLEWOOD State: CO Zip: 80113 Email: jwiepking@msn.com

Operator Bond Status: ☒ Blanket Surety ID: 2001-0057 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 05/15/2017 Form is being submitted by: Seller

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 61650 Name of NON-Submitting MURFIN DRILLING COMPANY INC
NON-submitting Operator is Buyer Contact Name Robert D. Young Title: Treasurer/CFO
NON-submitting Operator Contact Email: byoung@murfininc.com

Add/Change Transporter or Gatherer

☐ Add ☐ Delete Product: ☐ Oil ☐ Gas

OGCC Transporter No: _____ Suffix: _____
Trans./Gatherer Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Email Contact: _____

Remark: Signed Form 10 has been attached. If you have any questions, please contact Linda Boone at 720-941-0791.

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: Linda Boone
Title: Agent Email: ldboonepar@aol.com Date: 06/06/2017

CHANGE OF OPERATOR:

Name of Buying Operator: MURFIN DRILLING COMPANY INC Name of Selling Operator: WIEPKING-FULLERTON ENERGY LLC
Signature: _____ Date: 05/15/2017 Signature: _____ Date: 05/15/2017
Print Name: Robert D. Young Title: Treasurer/CFO Print Name: Linda Boone Title: Agent

COGCC Approved: Matthew Lee Title: Director of COGCC Date: 06/16/2017

State of Colorado
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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 96340

Name of Operator: WIEPKING-FULLERTON ENERGY 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: 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: 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	LOCATION	073-	449153	449153	Milk Money	#3	NENW/29/10S/56		
2	WELL	073-06718	449154	449153	Milk Money	#3	NENW/29/10S/56		

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			