

**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:

07/03/2017

Document Number:

2227117**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: 10330 Contact Person: DAVE REBOL
Company Name: INVESTMENT EQUIPMENT LLC Phone: (970) 867-9007
Address: 412 W PLATTE AVE Fax: (970) 867-8374
City: FT MORGAN State: CO Zip: 80701 Email: DAVEREBOL@HOTMAIL.COM

Operator Bond Status: ☒ Blanket Surety ID: 2010-0051 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 02/01/2017 Form is being submitted by: Buyer

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 47085 Name of NON-Submitting KESTREL RESOURCES INC
NON-submitting Operator is Seller Contact Name PHILLIP KREICK Title: VP OPS
NON-submitting Operator Contact Email: AWARD@PETROCAP.COM

Add/Change Transporter or Gatherer

☒ Add ☐ Delete Product: ☒ Oil ☐ Gas

OGCC Transporter No: 70505 Suffix: _____
Trans./Gatherer Name: PLAINS MARKETING LP
Address: 333 CLAY ST #1600 City: HOUSTON State: TX Zip: 77002
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: REBOL,DAVE
Title: AGENT Email: DAVEREBOL@HOTMAIL.COM Date: 02/01/2017

CHANGE OF OPERATOR:

Name of Buying Operator: INVESTMENT EQUIPMENT LLC Name of Selling Operator: KESTREL RESOURCES INC
Signature: _____ Date: 02/01/2017 Signature: _____ Date: 02/01/2017
Print Name: REBOL,DAVE Title: AGENT Print Name: PHILLIP KREICK Title: VP OPS

COGCC Approved: Matthew Lee Title: Director of COGCC Date: 07/06/2017

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

2227117**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: 2 UIC ENHANCED RECOVERY: 0 WELL: 1

Total Approved: 3 Total out of Total Total Submitted: 3 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	PIT	121-	107535	316969	KINCHELOE		SWSE/11/3S/51W		
2	PIT		107534	316969					
3	WELL	121-05650	233596	316969	WARD KINCHELOE	1	SWSE/11/3S/51W		70505

Total Deleted: 0 Total out of Total Total Submitted: 3 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: 3 are listed below:

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