

**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:****07/14/2017****Document Number:****401342271****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: 10661 Contact Person: Abigail Wenk
Company Name: BISON OIL & GAS II LLC Phone: (720) 644-6997 ext. 4
Address: 518 17TH STREET #1800 Fax: ()
City: DENVER State: CO Zip: 80202 Email: awenk@bisonog.com

Operator Bond Status: ☒ Blanket Surety ID: 2017-0074 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 04/01/2017 Form is being submitted by: Buyer

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 10656 Name of NON-Submitting MORNING GUN EXPLORATION LLC
NON-submitting Operator is Seller Contact Name Paul Flatley Title: CEO
NON-submitting Operator Contact Email: pflatley@morninggun.com

Add/Change Transporter or Gatherer

☒ **Add** ☐ **Delete** Product: ☒ **Oil** ☐ **Gas**

OGCC Transporter No: 10597 Suffix: _____
Trans./Gatherer Name: COFFEYVILLE RESOURCES CRUDE TRANSPORTATION LLC
Address: 411 NE WASHINGTON BLVD PO BOX 3516 City: BARTLESVILLE State: OK Zip: 74006
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: Wenk, Abigail
Title: Regulatory Manager Email: awenk@bisonog.com Date: 07/14/2017

CHANGE OF OPERATOR:

Name of Buying Operator: BISON OIL & GAS II LLC Name of Selling Operator: MORNING GUN EXPLORATION LLC
Signature: _____ Date: 04/01/2017 Signature: _____ Date: 04/01/2017
Print Name: Wenk, Abigail Title: Regulatory Manager Print Name: Paul Flatley Title: CEO

COGCC Approved: Matthew Lee **Title:** Director of COGCC **Date:** 08/30/2017

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10661

Name of Operator: BISON OIL & GAS II 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		323023	323023	BASHOR-69N60W	18SWNW	SWNW/18/9N/60		
2	WELL	123-12452	244657	323023	BASHOR	18-1	SWNW/18/9N/60		10597

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			