

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:

10/30/2017

Document Number:

401269741

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>10110</u>	Contact Person: <u>Laura Harter</u>
Company Name: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(970) 460-1457</u>
Address: <u>1801 BROADWAY #500</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>lharter@gwogco.com</u>

Operator Bond Status: Blanket Surety ID: _____ 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 12/01/2016 Form is being submitted by: _____

Add/Change Transporter or Gatherer

<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Delete	Product: <input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Gas
OGCC Transporter No: <u>47121</u>	Suffix: _____		
Trans./Gatherer Name: <u>KERR MCGEE GATHERING LLC</u>			
Address: <u>PO BOX 173779</u>	City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80217</u>
Phone: <u>(720) 929-6292</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>10512</u>	Suffix: _____		
Trans./Gatherer Name: <u>ROSE ROCK MIDSTREAM FIELD SERVICES LLC</u>			
Address: <u>3030 NW EXPRESSWAY SUITE 1100</u>	City: <u>OKLAHOMA CITY</u>	State: <u>OK</u>	Zip: <u>73112</u>
Phone: <u>(303) 694-3174</u>	Email Contact: <u>BORourke@semgroupcorp.com</u>		

<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Delete	Product: <input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Gas
OGCC Transporter No: <u>10540</u>	Suffix: _____		
Trans./Gatherer Name: <u>NGL CRUDE LOGISTICS LLC</u>			
Address: <u>3773 CHERRY CREEK NORTH DR SUITE 1000</u>	City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80209</u>
Phone: <u>(303) 815-1010</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>10588</u>	Suffix: _____		
Trans./Gatherer Name: <u>ARB MIDSTREAM LOGISTICS LLC</u>			
Address: <u>1600 BROADWAY SUITE 2400</u>	City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Phone: <u>(720) 600-7500</u>	Email Contact: _____		

Add DeleteProduct: Oil GasOGCC Transporter No: 10057 Suffix: _____Trans./Gatherer Name: EASTEX CRUDE COMPANYAddress: 10907 STATE HIGHWAY 11 WEST City: LEESBURG State: TX Zip: 75451

Phone: () Email Contact: _____

Remark: This document is in addition to previously approved doc #1515335, #1825007, #1515337

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: Harter, LauraTitle: Production TechEmail: lharter@gwogco.comDate: 10/30/2017COGCC Approved: Title: Director of COGCCDate: 12/26/2017

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10110

Name of Operator: GREAT WESTERN OPERATING COMPANY 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: 3

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	WELL	123-23574	282896	333030	GREAT WESTERN	26-11	NENW/26/6N/67W		10057
	WELL		282896	333030					10512
	WELL		282896	333030					10540
	WELL		282896	333030					10588
	WELL		282896	333030					47121
2	WELL	123-23485	282372	333035	GREAT WESTERN	26-12	SENW/26/6N/67W		10057
	WELL		282372	333035					10512
	WELL		282372	333035					10540
	WELL		282372	333035					10588
	WELL		282372	333035					47121
3	WELL	123-23573	282895	333030	GREAT WESTERN	26-21	NENW/26/6N/67W		10057
	WELL		282895	333030					10512
	WELL		282895	333030					10540
	WELL		282895	333030					10588
	WELL		282895	333030					47121

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			