

FORM
10Rev
03/18State 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:

04/30/2018

Document Number:

2302032**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: 100185 Contact Person: JULIA CARTER
 Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 819-7349
 Address: 370 17TH ST STE 1700 Fax: ()
 City: DENVER State: CO Zip: 80202-5632 Email: JULIA.CARTER@ENCANA.COM

Operator Financial Assurance: ☒ Blanket Surety ID: 2017-0020 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 01/01/2017 Form is being submitted by: Seller

Is the Buying Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes ☐ No ☒

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 10539 Name of NON-Submitting UTAH GAS OP LTD DBA UTAH GAS CORP

NON-submitting Operator is Buyer Contact Name AARON MARTINSON Title: PRESIDENT

NON-submitting Operator Contact Email: AAM@UTAHGASCORP.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: _____

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: CARTER,JULIA
 Title: AGENT Email: JULIA.CARTER@ENCANA.COM Date: 04/30/2018

CHANGE OF OPERATOR:

Name of Buying Operator: UTAH GAS OP LTD DBA UTAH GAS CORP Name of Selling Operator: ENCANA OIL & GAS (USA) INC
 Signature: _____ Date: 01/01/2017 Signature: _____ Date: 01/01/2017
 Print Name: AARON MARTINSON Title: PRESIDENT Print Name: CARTER,JULIA Title: AGENT

COGCC Approved: _____ **Title:** Director of COGCC **Date:** 05/16/2018

Matthew Lee

State of Colorado
Oil and Gas Conservation Commission

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 100185

Name of Operator: ENCANA OIL & GAS (USA) INC

FOR OGCC USE ONLY

CENTRALIZED EP WASTE MGMT FAC: 0

SERVICE SITE: 0

LOCATION: 1

OFF-LOCATION FLOWLINE: 0

UIC WATER TRANSFER STATION: 0

TANK BATTERY: 0

PIPELINE: 0

DOMESTIC TAP: 0

UIC SIMULTANEOUS DISPOSAL: 0

UIC DISPOSAL: 1

WELL: 0

CRUDE OIL TRANSFER LINE: 0

UIC ENHANCED RECOVERY: 0

LAND APPLICATION SITE: 0

PIT: 0

PRODUCE WATER TRANSFER SYSTEM: 0

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	103-	315879	315879	DRAGON TRAIL	33NWSW	NWSW/33/2S/102		
2	UIC DISPOSAL		150355	315879	DRAGON TRAIL UNIT				

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			