

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:

01/04/2016

Document Number:

400963240

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

OGCC Operator Number: 10261 Contact Person: Donald Barbula
Company Name: BAYSWATER EXPLORATION & PRODUCTION LLC Phone: (303) 893.2503
Address: 730 17TH ST STE 500 Fax: (303) 893.2508
City: DENVER State: CO Zip: 80202 Email: DBarbula@Bayswater.us

Operator Bond Status: Blanket Surety ID: 2010-0112 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 01/01/2016 Form is being submitted by: _____

Add/Change Transporter or Gatherer

Add Delete Product: Oil Gas

OGCC Transporter No: 10606 Suffix: _____
Trans./Gatherer Name: MERCURIA ENERGY TRADING INC
Address: 370 17TH STREET #4960 City: DENVER State: CO Zip: 80202
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: Blyth, Tom
Title: Admin. Asst. Email: TBlyth@Bayswater.us Date: 01/04/2016

COGCC Approved: Matthew Lee Title: Director of COGCC Date: 05/28/2018

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10261

Name of Operator: BAYSWATER EXPLORATION & PRODUCTION 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: 2 |

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 | WELL | 123-34767 | 426718 | 426719 | Walton | 17-25 | SENE/25/7N/67W | | 10606 |
| 2 | WELL | 123-34765 | 426715 | 426724 | Walton | 8-25 | SENE/25/7N/67W | | 10606 |

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 | | | |