

**FORM
10**Rev
03/18**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:

06/19/2018

Document Number:

401595442**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:	10625	Contact Person:	Robert Price
Company Name:	HIGHLANDS NATURAL RESOURCES CORPORATION	Phone:	(303) 3221066
Address:	220 JOSEPHINE STREET	Fax:	()
City:	DENVER	State:	CO
Zip:	80206	Email:	robert.price@highlandsnr.com
Operator Financial Assurance:	<input checked="" type="checkbox"/> Blanket	Surety ID:	1986-0021
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	06/01/2018	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Non-Submitting Operator Information:			
OGCC Number of NON-Submitting	90450	Name of NON-Submitting	TRUE OIL LLC
NON-submitting Operator is	Buyer	Contact Name	John Fanto
		Title:	Manager
NON-submitting Operator Contact Email:	john.fanto@truecos.com		

Add/Change Transporter or Gatherer

<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product:	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas	
OGCC Transporter No:	200538	Suffix:	
Trans./Gatherer Name: BLACK GOLD ENERGY TRANSPORT LLC			
Address:	25449 COUNTY ROAD T	City:	BRUSH
		State:	CO
		Zip:	80723
Phone:	()	Email Contact:	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product:	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas	
OGCC Transporter No:	10562	Suffix:	
Trans./Gatherer Name: COLORADO CRUDE CARRIERS INC			
Address:	20739 HWY 392	City:	GREELY
		State:	CO
		Zip:	80631
Phone:	()	Email Contact:	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product:	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas	
OGCC Transporter No:	10584	Suffix:	
Trans./Gatherer Name: DIAMOND B OILFIELD TRUCKING			
Address:	212 WEST CACTUS	City:	PLENTYWOOD
		State:	MT
		Zip:	59254
Phone:	()	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>10538</u> Suffix: _____ Trans./Gatherer Name: <u>KAUFFMAN TRANSPORTATION LLC</u> Address: <u>58975 E HWY 36</u> City: <u>STRASBURG</u> State: <u>CO</u> Zip: <u>80136</u> Phone: () 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>10549</u> Suffix: _____ Trans./Gatherer Name: <u>NOW OR NEVER TRUCKING INC</u> Address: <u>1925 1ST AVE</u> City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80631</u> Phone: () 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>10569</u> Suffix: _____ Trans./Gatherer Name: <u>CIRCUIT TRUCKING LLC</u> Address: <u>4540 NORTH SALEM RD</u> City: <u>REXBURG</u> State: <u>ID</u> Zip: <u>83440</u> Phone: () 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>10674</u> Suffix: _____ Trans./Gatherer Name: <u>SPLINTER A TRUCKING INC</u> Address: <u>8484 EVERETT WAY UNIT D</u> City: <u>ARVADA</u> State: <u>CO</u> Zip: <u>80005</u> 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: Robert Price
Title: President Email: robert.price@highlandsnr.com Date: 06/19/2018

CHANGE OF OPERATOR:

Name of Buying Operator: <u>TRUE OIL LLC</u>	Name of Selling Operator: <u>HIGHLANDS NATURAL RESOURCES CORPORATION</u>
Signature: _____ Date: <u>06/01/2018</u> Print Name: <u>John Fanto</u> Title: <u>Manager</u>	Signature: _____ Date: <u>06/01/2018</u> Print Name: <u>Robert Price</u> Title: <u>President</u>

COGCC Approved: _____ **Title:** _____ **Date:** _____

State of Colorado

Oil and Gas Conservation Commission

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10625

Name of Operator: HIGHLANDS NATURAL RESOURCES CORPORATION

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: 0	WELL: 8	CRUDE OIL TRANSFER LINE: 0
UIC ENHANCED RECOVERY: 0	LAND APPLICATION SITE: 0	PIT: 0	PRODUCE WATER TRANSFER SYSTEM: 0

Total Approved: 0 Total out of Total Total Submitted: 9 are listed below:

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

Total Deleted: 0 Total out of Total Total Submitted: 9 are listed below:

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

Total Pending: 9 Total out of Total Total Submitted: 9 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	LOCATION	005-	449920	449920	Highlands	5-64 15-16	NESE/15/5S/64W		
2	WELL	005-07266	449919	449920	CITADEL	5-64 15-16-	NESE/15/5S/64W		10562
3	WELL	005-07267	449921	449920	WILDHORSE	5-64 15-16-	NESE/15/5S/64W		10562
4	WELL	005-07268	449922	449920	HAGAR	5-64 15-16-	NESE/15/5S/64W		10562
5	WELL	005-07269	449923	449920	POWELL	5-64 15-16-	NESE/15/5S/64W		10562
6	WELL	005-07340	454164	449920	Thunder	5-64 15-16-	NESE/15/5S/64W		10562
7	WELL	005-07341	454165	449920	Grizzly	5-64 15-16-	NESE/15/5S/64W		10562
8	WELL	005-07342	454167	449920	Ouray	5-64 15-16-	NESE/15/5S/64W		10562
9	WELL	005-07343	454168	449920	Buckskin	5-64 15-16-	NESE/15/5S/64W		10562