

**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:

06/18/2018

Document Number:

2302416**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: 10691 Contact Person: TAYLOR HEFFNER
Company Name: PHOENIX RESOURCES LLC Phone: (303) 219-3362
Address: 671 MITCHELL WAY Fax: ()
City: ERIE State: CO Zip: 80516 Email: THEFFNER@PHOENIXRESOURCES.CO
M

Operator Financial Assurance: ☒ Blanket Surety ID: 2018-0034 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 05/28/2018 Form is being submitted by: Buyer

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 51846 Name of NON-Submitting LYONS* BILL OR TED
NON-submitting Operator is Seller Contact Name BILL LYONS Title: OWNER/AGENT
NON-submitting Operator Contact Email: _____

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: _____

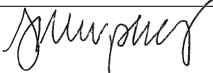
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete. The transporter(s)/gatherer(s) is (are) authorized to transport the oil and/or gas produced from the listed well(s) and that this authorization will be valid until further notice to the transporter named herein or until cancelled by the Colorado Oil and Gas Conservation Commission.

SUBMITTED BY:

Signed: _____ Print Name: HEFFNER, TAYLOR
Title: PARTNER Email: THEFFNER@PHOENIXRESOURCES.C Date: 06/12/2018
OM

CHANGE OF OPERATOR:

Name of Buying Operator: PHOENIX RESOURCES LLC Name of Selling Operator: LYONS* BILL OR TED
Signature: _____ Date: 05/28/2018 Signature: _____ Date: 05/28/2018
Print Name: HEFFNER, TAYLOR Title: PARTNER Print Name: BILL LYONS Title: OWNER/AGENT

COGCC Approved: _____


Title: _____ **Director of COGCC**

Date: _____ **07/03/2018**

State of Colorado
Oil and Gas Conservation Commission

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10691

Name of Operator: PHOENIX RESOURCES LLC

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: 1

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	WELL	073-06121	218136	309596	NEWBY	6-12	NWSW/6/12S/52		
2	LOCATION	073-	309596	309596	NEWBY-612S52W	6NWSW	NWSW/6/12S/52		

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			