

**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:

10/16/2018

Document Number:

401798223**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://ogcc.state.co.us](http://ogcc.state.co.us)

OGCC Operator Number:	10373	Contact Person:	JOE VARGO
Company Name:	NGL WATER SOLUTIONS DJ LLC	Phone:	(303) 815-1010
Address:	3773 CHERRY CRK NORTH DR #1000	Fax:	()
City:	DENVER	State:	CO
Zip:	80209	Email:	joe.vargo@nglep.com
Operator Financial Assurance:	<input checked="" type="checkbox"/> Blanket	Surety ID:	2011-0128
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	10/15/2018	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Non-Submitting Operator Information:			
OGCC Number of NON-Submitting	10545	Name of NON-Submitting	IRISH OWL LLC
NON-submitting Operator is	Seller	Contact Name	Deuce Wulf
		Title:	Managing Member
NON-submitting Operator Contact Email:	deuce.wulf@gmail.com		

Add/Change Transporter or Gatherer

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Product:	<input type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No:	Suffix:	
Trans./Gatherer Name:		
Address:	City:	State:
Phone: ()	Email Contact:	Zip:
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:	Paul Gottlob
Title: Regulatory & Engin. Tech.	Email:	paul.gottlob@iptenergyservices.com
	Date:	10/16/2018

CHANGE OF OPERATOR:

Name of Buying Operator:	Name of Selling Operator:
NGL WATER SOLUTIONS DJ LLC	IRISH OWL LLC
Signature:	Signature:
Date: 10/15/2018	Date: 10/15/2018
Print Name: Paul Gottlob	Print Name: Deuce Wulf
Title: Regulatory & Engin. Tech.	Title: Managing Member

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: 10373

Name of Operator: NGL WATER SOLUTIONS DJ 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: 1	WELL: 1	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: 3 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: 3 are listed below:

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

Total Pending: 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	123-42099	443019	443002	Greeley SWD	1	SESE/16/6N/66W		
2	LOCATION	123-	443002	443002	Greeley SWD	1	SESE/16/6N/66W		
3	UIC DISPOSAL	123-	160015		Greeley SWD	1	SESE/16/6N/66W	20150006	