

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

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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: <u>96850</u>	Contact Person: <u>Jeff Kirtland</u>
Company Name: <u>TEP ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 263-2736</u>
Address: <u>PO BOX 370</u>	Fax: <u>()</u>
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>jkirtland@terraep.com</u>
Operator Financial Assurance: <input type="checkbox"/> Blanket	Surety ID: _____ Individual Surety ID: <u>see listing by individual well</u>

☒ **New Well Cert of Clearance** ☐ **Change of Operator** ☐ **Add/Change Transporter or Gatherer**

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: <u>10321</u> Suffix: _____	
Trans./Gatherer Name: <u>ENWEST MARKETING LLC</u>	
Address: <u>2501 WALL AVE.</u>	City: <u>OGDEN</u> State: <u>UT</u> Zip: <u>84401</u>
Phone: <u>()</u>	Email Contact: _____
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas
OGCC Transporter No: <u>96701</u> Suffix: _____	
Trans./Gatherer Name: <u>WILLIAMS FIELD SERVICES COMPANY LLC</u>	
Address: <u>2717 COUNTY ROAD 215 #200</u>	City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>
Phone: <u>()</u>	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: Ashley Noonan
Title: Sr. Regulatory Analyst Email: anoonan@terraep.com Date: 02/28/2019

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

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NEW WELL CERTIFICATION OF CLEARANCE FOR TRANSPORTER AND/OR GATHERER

OGCC Operator Number: 96850

Name of Operator: TEP ROCKY MOUNTAIN LLC

FOR OGCC USE ONLY

Total Approved: 0 Total out of Total Total Submitted: 1 are listed below:

#	API	Date of First Production	Date of First Sales:		Well		Location (QQ/S/T/R)	Transporter / Gatherer
			Oil	Gas	Name	Number		

Total Deleted: 0 Total out of Total Total Submitted: 1 are listed below:

#	API	Date of First Production	Date of First Sales:		Well		Location (QQ/S/T/R)	Transporter / Gatherer
			Oil	Gas	Name	Number		

Total Pending: 1 Total out of Total Total Submitted: 1 are listed below:

#	API	Date of First Production	Date of First Sales:		Well		Location (QQ/S/T/R)	Transporter / Gatherer
			Oil	Gas	Name	Number		
1	045-23926		02/16/2019	02/16/2019	CLOUGH	RWF 421-10	NESW/3/6S/94W	10321
								96701