

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:

Document Number:

401941433

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

OGCC Operator Number: 10661 Contact Person: Abigail Wenk  
Company Name: BISON OIL & GAS II LLC Phone: (720) 644-6997  
Address: 518 17TH STREET #1800 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: awenk@bisonog.com

Operator Financial Assurance:  Blanket Surety ID: 2017-0074 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 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 10051 Name of NON-Submitting APOLLO OPERATING LLC  
NON-submitting Operator is Seller Contact Name Jesse White Title: Operations Manager  
NON-submitting Operator Contact Email: jwhite@apollooperating.com

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: Wenk, Abigail  
Title: Manager of Compliance Email: awenk@bisonog.com Date:

CHANGE OF OPERATOR:

Name of Buying Operator: BISON OIL & GAS II LLC Name of Selling Operator: APOLLO OPERATING LLC  
Signature: [Signature] Date: 2-15-19 Signature: [Signature] Date: 2-15-19  
Print Name: Wenk, Abigail Title: Manager of Compliance Print Name: Jesse White Title: Operations Manager

**COGCC Approved:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FORM  
10**

**State of Colorado  
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:  
**401941433**

---

**FOR OGCC USE ONLY**

**CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR**

OGCC Operator Number: 10661

Name of Operator: BISON OIL & GAS II LLC

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: 2	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	123-46717	454758	454760	Green Grass	11-561-6	SWSW/11/5N/61		
2	WELL	123-46718	454759	454760	Green Grass	11-561-5	SWSW/11/5N/61		
3	LOCATION		454760	454760	Green Grass	11 PAD	SWSW/11/5N/61		