

**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:

06/21/2019

Document Number:

402044739**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: 10110	Contact Person: Renee Kendrick
Company Name: GREAT WESTERN OPERATING COMPANY LLC	Phone: (720) 595-2114
Address: 1001 17TH STREET #2000	Fax: ()
City: DENVER State: CO Zip: 80202	Email: rkendrick@gwogco.com
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

Effective Date of Change Below 12/15/2017 Form is being submitted by: _____
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 ☐

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: 70505 Suffix: A	
Trans./Gatherer Name: PLAINS MARKETING LP	
Address: 530 FIRST AVENUE City: GREELEY State: CO Zip: 80631	
Phone: (970) 475-0150 Email Contact: _____	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: 10512 Suffix: _____	
Trans./Gatherer Name: ROSE ROCK MIDSTREAM FIELD SERVICES LLC	
Address: 3030 NW EXPRESSWAY SUITE 1100 City: OKLAHOMA CITY State: OK Zip: 73112	
Phone: (303) 694-3174 Email Contact: BORourke@semgroupcorp.com	

Remark: This is in addition to Change of Operator doc# 401445437

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: Kendrick, Renee
Title: Sr Regulatory Analyst Email: rkendrick@gwogco.com Date: 06/21/2019

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: 10110

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

FOR OGCC USE ONLY

CENTRALIZED EP WASTE MGMT FAC: 0	SERVICE SITE: 0	LOCATION: 0	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: 5	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: 5 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: 5 are listed below:

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

Total Pending: 5 Total out of Total Total Submitted: 5 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	123-35162	427896	427888	Margil	44-34D	SESE/34/4N/68W		10512
	WELL		427896	427888					70505
2	WELL	123-35159	427892	427888	Margil	34TD	SESE/34/4N/68W		10512
	WELL		427892	427888					70505
3	WELL	123-35155	427887	427888	Margil	34DD	SESE/34/4N/68W		10512
	WELL		427887	427888					70505
4	WELL	123-35164	427899	427888	Margil	43-34D	SESE/34/4N/68W		10512
	WELL		427899	427888					70505
5	WELL	123-35152	427884	427888	Margil	34PD	SWSE/34/4N/68W		10512
	WELL		427884	427888					70505