

FORM  
10Rev  
03/18State 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:

10/09/2019

Document Number:

1949700

## 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: 76104 Contact Person: SCOTT KOORS  
Company Name: SAMSON RESOURCES COMPANY Phone: (918) 591-1254  
Address: 15 E 5TH STREET STE 1000 Fax: (918) 591-7254  
City: TULSA State: OK Zip: 74103 Email: SKOORS@SAMSON.COM

Operator Financial Assurance: ☒ Blanket Surety ID: 2018-0017 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 07/01/2019 Form is being submitted by: Seller

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 10683 Name of NON-Submitting HRM RESOURCES III LLC  
NON-submitting Operator is Buyer Contact Name L ROGER HUTSON Title: PRESIDENT/CEO  
NON-submitting Operator Contact Email: NOMAIL@GMAIL.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: \_\_\_\_\_

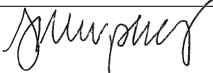
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete. The transporter(s)/gatherer(s) is (are) authorized to transport the oil and/or gas produced from the listed well(s) and that this authorization will be valid until further notice to the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

**SUBMITTED BY:**

Signed: \_\_\_\_\_ Print Name: KOORS,SCOTT  
Title: VP/LAND BUS. DEVELOPMENT Email: SKOORS@SAMSON.COM Date: 09/30/2019

**CHANGE OF OPERATOR:**

Name of Buying Operator: HRM RESOURCES III LLC Name of Selling Operator: SAMSON RESOURCES COMPANY  
Signature: \_\_\_\_\_ Date: 07/01/2019 Signature: \_\_\_\_\_ Date: 07/01/2019  
Print Name: L ROGER HUTSON Title: PRESIDENT/CEO Print Name: KOORS,SCOTT Title: VP/LAND BUS. DEVELOPMENT

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


**Title:** \_\_\_\_\_ **Director of COGCC**

**Date:** \_\_\_\_\_ **12/20/2019**

State of Colorado  
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## CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 76104

Name of Operator: SAMSON RESOURCES COMPANY

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	081-06984	257270	313111	EVANS	1	SWSE/18/12N/92		
2	LOCATION	081-	313111	313111	EVANS-612N92W	18SWSE	SWSE/18/12N/92		

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			