

**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:****09/12/2019****Document Number:****402162399****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: 10651Contact Person: Allison SchieberCompany Name: VERDAD RESOURCES LLCPhone: (720) 845-7606Address: 5950 CEDAR SPRINGS ROADFax: ()City: DALLAS State: TX Zip: 75235Email: regulatory@verdadoil.comOperator Financial Assurance: ☐ Blanket

Surety ID: _____

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 08/28/2019

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☒ **Add** ☐ **Delete**Product: ☐ Oil☒ **Gas**OGCC Transporter No: 10390 Suffix: _____Trans./Gatherer Name: STERLING ENERGY INVESTMENTS LLCAddress: 1200 17TH STREET #2850 City: DENVER State: CO Zip: 80202Phone: () Email Contact: _____Remark: The gas was sold after the oil. Oil was reported on Document # 402150025.

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: Schieber, AllisonTitle: Sr. Regulatory AnalystEmail: regulatory@verdadoil.comDate: 09/12/2019**COGCC Approved:** **Title:** Director of COGCC**Date:** 01/21/2020

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CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 10651

Name of Operator: VERDAD RESOURCES 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: 2

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 | | | |
| 3 | WELL | 123-49839 | 462874 | 462872 | PEGGY | 2501-02H | SESW/25/9N/60W | | 10390 |
| 4 | WELL | 123-49840 | 462875 | 462872 | PEGGY | 2501-01H | SESW/25/9N/60W | | 10390 |

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 | | | |