

FORM  
10Rev  
02/20

## 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:

01/22/2020

Document Number:

402291621

## 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.https://cogcc.state.co.us](https://cogcc.state.co.us)

OGCC Operator Number:	10699	Contact Person:	Greg Jones
Company Name:	OWN RESOURCES OPERATING LLC	Phone:	(970) 3323585
Address:	38 PALMER CREST CT	Fax:	(970) 3323587
City:	SPRING	State:	TX
Zip:	77381	Email:	greg.jones@ownresources.com
Operator Financial Assurance:	<input checked="" type="checkbox"/> Blanket	Surety ID:	2018-0074
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	07/02/2018	Form is being submitted by:	Buyer
One Call Participation (One box must be checked.)			
<input checked="" type="checkbox"/> The Buying Operator is a Tier One membership in the Utility Notification Center of Colorado (CO 811) and participates in Colorado's One Call notification system. [Rule 1102.n.]			
<input type="checkbox"/> The Buying Operator has no underground facilities and is exempt from CO 811 membership. [Rule 1102.n.(2)]			

## Non-Submitting Operator Information:

OGCC Number of NON-Submitting	10489	Name of NON-Submitting	AUGUSTUS ENERGY RESOURCES LLC
NON-submitting Operator is	Seller	Contact Name	Duane Zimmerman
		Title:	VP of Operations
NON-submitting Operator Contact Email: dzimmerman@augustusenergy.com			

## Add/Change Transporter or Gatherer

<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Delete	Product:	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Gas
OGCC Transporter No:	10699	Suffix:		
Trans./Gatherer Name: OWN RESOURCES OPERATING LLC				
Address:	38 PALMER CREST CT	City:	SPRING	State: TX
Zip:	77381	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:	Jones, Greg
Title:	Operations Manager	Email: greg.jones@ownresources.com
Date:	01/22/2020	

**CHANGE OF OPERATOR:**

Name of Buying Operator:

OWN RESOURCES OPERATING LLC

Name of Selling Operator:

AUGUSTUS ENERGY RESOURCES LLCSignature: \_\_\_\_\_ Date: 07/02/2018Signature: \_\_\_\_\_ Date: 07/02/2018Print Name: Jones, Greg Title: Operations ManagerPrint Name: Duane Zimmerman Title: VP of Operations**COGCC Approved:**  \_\_\_\_\_**Title:** Director of COGCC**Date:** 05/06/2020

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

OGCC Operator Number: 10699

Name of Operator: OWN RESOURCES OPERATING LLC

FOR OGCC USE ONLY

CENTRALIZED EP WASTE MGMT FAC: 0	SERVICE SITE: 0	LOCATION: 3	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: 3	CRUDE OIL TRANSFER LINE: 0
UIC ENHANCED RECOVERY: 0	LAND APPLICATION SITE: 0	PIT: 0	PRODUCE WATER TRANSFER SYSTEM: 0

Total Approved: 6 Total out of Total Total Submitted 6 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	125-06942	253065	303404	WOOLERY &	1-33	SESE/33/1N/46W		10699
2	WELL	125-07029	253152	303465	STATE	30-36	SWSW/36/5N/47		10699
3	WELL	125-08880	273396	304695	STRUCKMEYER	02-20	SWNW/20/5N/45		10699
4	LOCATION	125-	303404	303404	WOOLERY &	33SESE	SESE/33/1N/46W		
5	LOCATION		303465	303465	STATE-65N47W	36SWSW	SWSW/36/5N/47		
6	LOCATION		304695	304695	STRUCKMEYER-	20SWNW	SWNW/20/5N/45		

Total Deleted: 0 Total out of Total Total Submitted 6 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 6 are listed below:

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