

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: 01/14/2021

Document Number: 402540654

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

OGCC Operator Number: 10749 Contact Person: Scott Quillin
Company Name: SIMCOE LLC Phone: (405) 420-4292
Address: THREE ALLEN CENTER, 333 CLAY ST SUITE 3900 Fax: ( )
City: HOUSTON State: TX Zip: 77002 Email: squillin@ikavenegy.com

Operator Financial Assurance: [X] Blanket Surety ID: 2017-0028 Individual Surety ID: see listing by individual well

[ ] New Well Cert of Clearance [X] Change of Operator [ ] Add/Change Transporter or Gatherer

Effective Date of Change Below 01/14/2021 Form is being submitted by: Seller

One Call Participation (One box must be checked.)

[X] 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.]

[ ] 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 10464 Name of NON-Submitting CATAMOUNT ENERGY PARTNERS LLC
NON-submitting Operator is Buyer Contact Name Russell Kelly Title: Vice President
NON-submitting Operator Contact Email: rkelly@catamountep.com

Add/Change Transporter or Gatherer

[X] Add [ ] Delete Product: [ ] Oil [X] Gas

OGCC Transporter No: 10749 Suffix:
Trans./Gatherer Name: SIMCOE LLC
Address: THREE ALLEN CENTER, 333 CLAY ST SUITE 3900 City: HOUSTON State: TX Zip: 77002
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: Patti Campbell
Title: Regulatory Analyst Email: pcampbell@ikavenegy.com Date: 01/14/2021

**CHANGE OF OPERATOR:**

Name of Buying Operator:

Name of Selling Operator:

**CATAMOUNT ENERGY PARTNERS LLC**

**SIMCOE LLC**

Signature: \_\_\_\_\_ Date: 01/14/2021

Signature: \_\_\_\_\_ Date: 01/14/2021

Print Name: Russell Kelly Title: Vice President

Print Name: Patti Campbell Title: Regulatory Analyst

**COGCC Approved:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

OGCC Operator Number: 10749  
Name of Operator: SIMCOE 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: 2	PRODUCE WATER TRANSFER SYSTEM: 0

Total Approved: 0 Total out of Total Total Submitted 7 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 7 are listed below:

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

Total Pending: 7 Total out of Total Total Submitted 7 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	067-10022	454869	325516	Harper 01-18	2	SESW/18/34N/6W		10749
2	WELL	067-10024	455302	334337	Secord 17U-34-6	2	NWSW/17/34N/6		10749
3	PIT	067-	275636	334337	DRILLING PIT		NWSW/17/34N/6		
7	PIT		275641		SECORD				
4	WELL	067-10023	455301	334337	Secord 17U-34-6	3	NWSW/17/34N/6		10749
5	WELL	067-09009	275691	334337	SECORD 17U-34-6	1	NWSW/17/34N/6		10749
6	WELL	067-09008	275690	334337	SECORD 17U-34-6	1X	NWSW/17/34N/6		10749