

**State of Colorado  
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

**402678635**

Receive Date:

**TRANSFER OF OPERATORSHIP**

A Selling Operator will notify the Commission about the transfer of any Transferable Item associated with its Oil and Gas Operations to a Buying Operator by filing a Form 9, Transfer of Operatorship – Intent, with the Commission at least 30 days, or as soon as practicable, before the anticipated transfer date. (Rule 218.b.) When a transaction subject to a Form 9 – Intent becomes final, the Buying Operator will submit a Form 9 – Subsequent within 7 days of closing. (Rule 218.d.(1).)

Type of Form 9, Transfer of Operatorship:  Intent  Subsequent Intent # 402677200

**OPERATOR INFORMATION**

**SELLING OPERATOR INFORMATION**

OGCC Operator Number: 10144 Contact Name and Telephone:  
 Name of Operator: XOG OPERATING LLC Name: Angie Crawford  
 Address: P O BOX 352 Phone: (432) 683-3171  
 City: MIDLAND State: TX Zip: 79702 Email: acrawford@xogoperating.com

**BUYING OPERATOR INFORMATION**

OGCC Operator Number: 10017 Contact Name and Telephone:  
 Name of Operator: CHACO ENERGY COMPANY Name: Matt Nelson  
 Address: P O BOX 1587 Phone: (303) 981-3840  
 City: DENVER State: CO Zip: 80201 Email: matt@chacoenergy.com

**TRANSFER INFO**

**Transfer Dates**

Form 9 Intent - Anticipated Date of Transfer: 05/01/2021  
 Form 9 Subsequent - Effective Date of Transfer: s05/01/2021

**Confidentiality**

Transfer is Confidential: No

**Financial Assurance**

Form 9 Intent - Estimated amount of Financial Assurance the Buying Operator will submit prior to anticipated date of transfer:\$ 60,000  
 Form 9 Subsequent - The Buying Operator's Financial Assurance:

Surety ID	Bond Type	Amount
20200038	PLUGGING	60,000

**SUBSEQUENT LIABILITY**

**Rule 218.d.(1).D.i.**

"For Transferable Items listed in Rule 218.d.(1).B.i an acknowledgment that upon the effective date of transfer, that the Buying Operator assumes all responsibility for compliance with the Act, the Commission's Rules, and all terms and conditions of existing Permits and Commission orders for the Transferable Items."

In checking this box the Buying Operator's acknowledges the subsequent liability pursuant to Rule 218.d.(1).D.i.

**Rule 218.d.(1).D.ii.**

"For Transferable Items listed in Rule 218.d.(1).B.ii or iii, an acknowledgment that the Buying Operator may be or may become responsible for compliance with the Act, the Commission's Rules, and all terms and conditions of existing Permits and Commission orders if the Buying Operator takes any action, or fails to take any action, that would cause such Transferable Item to be out of compliance with the Act, the Commission's Rules, and all terms and conditions of existing Permits and Commission orders."

In checking this box the Buying Operator's acknowledges the subsequent liability pursuant to Rule 218.d.(1).D.ii.

**Rule 218.d.(1).D.iii.**



**Wells & Facilities Transferred Summary**

1	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	312999	312999	SUGARLOAF-612N101W #34SENE	SENE	34	12N	101W
	<u>County</u>	<u>Min.Owner.Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	MOFFAT		10144	XOG OPERATING LLC					
2	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	081-06612	223248	312999	SUGARLOAF #34-2	SENE	34	12N	101W
	<u>County</u>	<u>Min.Owner.Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	MOFFAT	FEDERAL	10144	XOG OPERATING LLC					
3	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	081-06606	223242	312996	SUGARLOAF #34-1	SWSW	34	12N	101W
	<u>County</u>	<u>Min.Owner.Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	MOFFAT	FEDERAL	10144	XOG OPERATING LLC					
4	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	312996	312996	SUGARLOAF-612N101W #34SWSW	SWSW	34	12N	101W
	<u>County</u>	<u>Min.Owner.Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	MOFFAT		10144	XOG OPERATING LLC					

**Incidents Transferred Summary**

&lt; No row provided &gt;

**Related Wells & Facilities Not Transferred Summary**

&lt; No row provided &gt;

**Related Incidents Not Transferred Summary**

&lt; No row provided &gt;

**Wells & Facilities Proposed Not Transferred Summary**

&lt; No row provided &gt;

**Incidents Proposed Not Transferred Summary**

&lt; No row provided &gt;

## Attachment List

<b>Att Doc Num</b>	<b>Name</b>
402678648	EDD-S-WELLS-FACILITIES-TRANSFERRED
402678771	FORM 9 SUBSEQUENT ATTESTATION
402678785	BUYER NOTIFIED LOCAL GOVT ATTESTATION

Total Attach: 3 Files

**COA Type**

**Description**

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## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval
Total: 0 comment(s)		