



State of Colorado Oil and Gas Conservation Commission

Page ___ of ___ 1120 Lincoln Street, Suite 801, Denver, CO 80203 (303) 894-2100 Fax:(303) 894-2109

FORM 8 Rev 10/22/01 RECEIVED MAY 10 2021 COGCC Receipt Number: CR 2021-076 CHECK 102477 AMT \$ 2,639.70

OIL AND GAS CONSERVATION LEVY

- 1. Mail all remittance to the COGCC, 1120 Lincoln Street, Suite 801, Denver, CO 80203
2. Only one quarter is to be reported per FORM 8. Adjustments and replacement reports for any quarter must be filed on a separate Form 8 for each quarter to be adjusted or replaced.
3. Oil and gas revenues must be segregated; show product code Oil "O", Gas "G" or CO2 "C" for each line.
4. Exempted interests are: The United States of America "F", the State of Colorado "S", or any of its Political Subdivisions "O", and any Indian or Indian Tribe "I" on production from land subject to the supervision of the United States.
5. Reason must be given for all exemptions taken and shall be entered on a separate line with operator name, operator number, product type, exemption type, and exemption value.
6. Payment on market value should be calculated after exemptions are taken.

This return and remittance due on or before March 1, June 1, September 1, and December 1 for the preceeding quarter of each year.

OGCC Payor Number: 10734 Form Prepared By: Aaron Eastin (first last) Name of Payor: High River Resources Operating, LLC Address: 3838 Oak Lawn Ave, Suite 710 Phone Number: (972) 914-2116 City Dallas State TX Zip: 75219 Fax Number: ()

This return covers oil and gas sold during quarter 1 of year 2021

Assessed Mill Levy for Period: .0015

[X] First Filing [] Adjustment [] Replacement

Summary table with columns: Total Sales for Period (1759800), Total Levy Due (2639.7), Interest Due (0), Total Due (2639.7)

Main data table with columns: Operator Name, Operator Number, Product, Total Volume Sold in MCF or BBLS, Total Value Sold in Dollars, Type, Exempt Value in Dollars, Levy Due

I, Aaron Eastin am hereby authorized by High River Resources Operating, LLC to submit this report and do certify that to the best of my knowledge the information contained herein is correct.

Signature of Payor [Signature] Phone No. (972) 914-2116 Date 1/1