

**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:**

**402804792**

**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 # \_\_\_\_\_

**OPERATOR INFORMATION**

**SELLING OPERATOR INFORMATION**

OGCC Operator Number: 10670 Contact Name and Telephone: \_\_\_\_\_  
Name of Operator: MALLARD EXPLORATION LLC Name: Erin Mathews  
Address: 1400 16TH STREET SUITE 300 Phone: (720) 543-7959  
City: DENVER State: CO Zip: 80202 Email: emathews@mallardexploration.com

**BUYING OPERATOR INFORMATION**

OGCC Operator Number: 10691 Contact Name and Telephone: \_\_\_\_\_  
Name of Operator: PHOENIX RESOURCES LLC Name: Taylor Heffner  
Address: 5566 S SYCAMORE STREET Phone: (281) 460-1517  
City: LITTLETON State: CO Zip: 80120 Email: theffner@phxresources.com

**TRANSFER INFO**

**Transfer Dates**

Form 9 Intent - Anticipated Date of Transfer: 09/08/2021

Form 9 Subsequent - Effective Date of Transfer: \_\_\_\_\_ s

**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: \$ 85,000

Form 9 Subsequent - The Buying Operator's Financial Assurance: \_\_\_\_\_

**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.**

"For Transferable Items not listed in Rule 218.d.(1).B.i-iii but Related in the Commission's records, an acknowledgment that the Commission will presume that the Transferable Item was transferred, and that the Buying Operator is responsible 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.iii. ☐

**SUBMITTAL**

**OPERATOR COMMENT AND SUBMITTAL**

The wellbores associated with these locations were included on the original Transfer of Ownership in 2019. Because the off-location flowlines were registered after the fact, these three Location/Facility IDs remained under Mallard.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Taylor Heffner Email: theffner@phxresources.com

Signature: \_\_\_\_\_ Title: Mallard Contractor Date: \_\_\_\_\_

**Wells & Facilities Proposed for Transfer Summary**

1	<u>Facility Type</u>	<u>API</u>	<u>Facility ID</u>	<u>Location ID</u>	<u>Facility Name</u>	<u>QtrQtr</u>	<u>Sec</u>	<u>Twp</u>	<u>Rng</u>
	LOCATION	-		476715	MCGAHEY STATE 1A	SWSW	16	8N	61W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	STATE	10670	MALLARD EXPLORATION LLC					
2	<u>Facility Type</u>	<u>API</u>	<u>Facility ID</u>	<u>Location ID</u>	<u>Facility Name</u>	<u>QtrQtr</u>	<u>Sec</u>	<u>Twp</u>	<u>Rng</u>
	OFF-LOCATION FLOWLINE	-	476716		STATE 1 FLOWLINE_MAIN	SWSE	16	8N	61W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	STATE	10670	MALLARD EXPLORATION LLC					
3	<u>Facility Type</u>	<u>API</u>	<u>Facility ID</u>	<u>Location ID</u>	<u>Facility Name</u>	<u>QtrQtr</u>	<u>Sec</u>	<u>Twp</u>	<u>Rng</u>
	OFF-LOCATION FLOWLINE	-	476717		MCGAHEY STATE 1A FLOWLINE_MAIN	SWSW	16	8N	61W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	STATE	10670	MALLARD EXPLORATION LLC					

**Incidents Proposed for Transfer Summary**

&lt; No row provided &gt;

**Related Wells & Facilities Not Proposed for Transfer Summary**

&lt; No row provided &gt;

**Related Incidents Not Proposed for Transfer Summary**

&lt; No row provided &gt;

## Attachment List

**Att Doc Num**

**Name**

402804816	EDD-I-WELLS-FACILITIES-PROPOSED
402804821	FORM 9 INTENT ATTESTATION

Total Attach: 2 Files

<u>COA Type</u>	<u>Description</u>

## General Comments

User Group

Comment

Comment Date

Stamp Upon  
Approval

Total: 0 comment(s)