

State of Colorado Oil and Gas Conservation Commission

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



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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: [X] Intent [] Subsequent Intent # _____

OPERATOR INFORMATION

SELLING OPERATOR INFORMATION

OGCC Operator Number: 10679 Contact Name and Telephone: Marie Florez
Name of Operator: LOGOS OPERATING LLC Name: Marie Florez
Address: 2010 AFTON PLACE Phone: (505) 419-8420
City: FARMINGTON State: NM Zip: 87401 Email: mflorez@logosresourcesllc.com

BUYING OPERATOR INFORMATION

OGCC Operator Number: 10684 Contact Name and Telephone: Vanessa Fields
Name of Operator: EPIC ENERGY LLC Name: Vanessa Fields
Address: 7415 EAST MAIN STREET Phone: (505) 787-9100
City: FARMINGTON State: NM Zip: 87402 Email: vanessa@walsheng.net

TRANSFER INFO

Transfer Dates

Form 9 Intent - Anticipated Date of Transfer: 11/01/2021
Form 9 Subsequent - Effective Date of Transfer: s

Confidentiality

Transfer is Confidential: Yes

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:

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

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

Print Name: Marie Florez Email: mflorez@logosresourcesllc.com

Signature: _____ Title: Regulatory Specialist Date: _____

Wells & Facilities Proposed for Transfer Summary

1	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	325125	325125	MARTINEZ-N33N9W 24SENW	SENW	24	33N	9W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	LA PLATA		10679	LOGOS OPERATING LLC					
2	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	PIT	-	105552	325125		SENW	24	33N	9W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	LA PLATA		10679	LOGOS OPERATING LLC					
3	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	067-05367	214068	325125	MARTINEZ 1	SENW	24	33N	9W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	LA PLATA	FEE	10679	LOGOS OPERATING LLC					
4	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	306772	306772	MCCARVILLE-N33N9W 23NWNE	NWNE	23	33N	9W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	LA PLATA		10679	LOGOS OPERATING LLC					
5	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	067-08730	263837	306772	MCCARVILLE 1A	NWNE	23	33N	9W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	LA PLATA	INDIAN	10679	LOGOS OPERATING LLC					
6	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	306967	306967	BONDAD 33-9-N33N9W 13SENE	SENE	13	33N	9W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	LA PLATA		10679	LOGOS OPERATING LLC					
7	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	067-09207	285782	306967	BONDAD 33-9 33A	SENE	13	33N	9W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	LA PLATA	FEE	10679	LOGOS OPERATING LLC					

Incidents Proposed for Transfer Summary

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Related Wells & Facilities Not Proposed for Transfer Summary

< No row provided >

Related Incidents Not Proposed for Transfer Summary

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Attachment List

Att Doc Num	Name
402858976	EDD-I-WELLS-FACILITIES-PROPOSED
402858977	EDD-I-WELLS-FACILITIES-PROPOSED
402858980	EDD-I-WELLS-FACILITIES-PROPOSED
402858981	EDD-I-WELLS-FACILITIES-PROPOSED
402858982	EDD-I-WELLS-FACILITIES-PROPOSED
402859090	EDD-I-WELLS-FACILITIES-PROPOSED
402862609	FORM 9 INTENT ATTESTATION

Total Attach: 7 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)		