

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: ☐ **Intent** ☒ **Subsequent** Intent # 402847928

OPERATOR INFORMATION

SELLING OPERATOR INFORMATION

OGCC Operator Number: 16700 Contact Name and Telephone:
Name of Operator: CHEVRON USA INC Name: Jimmy Lozano
Address: 100 CHEVRON ROAD Phone: (432) 687-7696
City: RANGELY State: CO Zip: 81648 Email: jimmy.lozano@chevron.com

BUYING OPERATOR INFORMATION

OGCC Operator Number: 10779 Contact Name and Telephone:
Name of Operator: SCOUT ENERGY MANAGEMENT LLC Name: Tee Brown
Address: 13800 MONTFORT DRIVE SUITE 100 Phone: (925) 325-1027
City: DALLAS State: TX Zip: 75240 Email: tbrown@scoutep.com

TRANSFER INFO

Transfer Dates

Form 9 Intent - Anticipated Date of Transfer: 12/01/2021
Form 9 Subsequent - Effective Date of Transfer: 12/01/2021

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: \$ 100,000
Form 9 Subsequent - The Buying Operator's Financial Assurance:

| Surety ID | Bond Type | Amount |
|-----------|-----------|-----------|
| 20210101 | PLUGGING | 100,000 |
| 20210100 | SURFACE | 25,000 |
| 20210103 | PLUGGING | 3,500,000 |

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.

"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: Tee Brown Email: tbrown@scoutep.com

Signature: Title: Regulatory Manager Date:

Wells & Facilities Transferred Summary

< No row provided >

Incidents Transferred Summary

< No row provided >

Related Wells & Facilities Not Transferred Summary

< No row provided >

Related Incidents Not Transferred Summary

< No row provided >

Wells & Facilities Proposed Not Transferred Summary

< No row provided >

Incidents Proposed Not Transferred Summary

< No row provided >

Attachment List

Att Doc Num

Name

| | |
|-----------|---------------------------------------|
| 402891717 | BUYER NOTIFIED LOCAL GOVT ATTESTATION |
| 402891718 | FORM 9 SUBSEQUENT ATTESTATION |
| 402891720 | EDD-S-INCIDENTS-TRANSFERRED |

Total Attach: 3 Files

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
| | |

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)