

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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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 # 402914841

OPERATOR INFORMATION

SELLING OPERATOR INFORMATION

OGCC Operator Number: 10749 Contact Name and Telephone:
Name of Operator: SIMCOE LLC Name: Gina Doerner
Address: 1199 MAIN AVE SUITE 101 Phone: (970) 852-0082
City: DURANGO State: CO Zip: 81301 Email: gina.doerner@ikavenergy.com

BUYING OPERATOR INFORMATION

OGCC Operator Number: 10464 Contact Name and Telephone:
Name of Operator: CATAMOUNT ENERGY PARTNERS LLC Name: Nolan Redmond
Address: 1001 17TH STREET STE 1160 Phone: (720) 484-2347
City: DENVER State: CO Zip: 80202 Email: nredmond@catamountep.com

TRANSFER INFO

Transfer Dates

Form 9 Intent - Anticipated Date of Transfer: 01/01/2022
Form 9 Subsequent - Effective Date of Transfer: s01/01/2022

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:\$ 125,000
Form 9 Subsequent - The Buying Operator's Financial Assurance:

Surety ID	Bond Type	Amount
20160137	PLUGGING	100,000
20160138	SURFACE	25,000

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: Nolan Redmond Email: nredmond@catamountep.com

Signature: _____ Title: nredmond@catamountep.com Date: _____

Wells & Facilities Transferred 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>
	WELL	067-06481	214877	325488	PINE RIVER 3-31 1	SWSE	31	34N	6W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	LA PLATA	FED	10749	SIMCOE 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>
	WELL	067-06633	215028	325574	SOUTHERN UTE 1-01 1	SESE	1	33N	7W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	LA PLATA	INDIAN	10749	SIMCOE 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>
	WELL	007-06093	205216	320847	COX 2	NWNE	14	32N	6W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	ARCHULETA	FEE	10749	SIMCOE LLC					
4	<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	067-06481	325488	325488	PINE RIVER UNIT-M34N6W 31SWSE	SWSE	31	34N	6W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	LA PLATA	FED	10749	SIMCOE LLC					
5	<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	067-06633	325574	325574	SOUTHERN UTE-N33N7W 1SESE	SESE	1	33N	7W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	LA PLATA	INDIAN	10749	SIMCOE LLC					
6	<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	007-06093	320847	320847	COX GAS UNIT-N32N6W 14NWNE	NWNE	14	32N	6W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	ARCHULETA	FEE	10749	SIMCOE LLC					

Incidents Transferred Summary

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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

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Attachment List

Att Doc Num

Name

402917959	EDD-S-WELLS-FACILITIES-TRANSFERRED
402917973	FORM 9 SUBSEQUENT ATTESTATION
402918075	BUYER NOTIFIED LOCAL GOVT ATTESTATION

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)