



**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	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	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	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	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	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	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	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	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	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	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	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	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**

&lt; No row provided &gt;

**Related Wells & Facilities Not Transferred Summary**

&lt; No row provided &gt;

**Related Incidents Not Transferred Summary**

&lt; No row provided &gt;

**Wells & Facilities Proposed Not Transferred Summary**

&lt; No row provided &gt;

**Incidents Proposed Not Transferred Summary**

&lt; No row provided &gt;



## Attachment List

<b>Att Doc Num</b>	<b>Name</b>
402917959	EDD-S-WELLS-FACILITIES-TRANSFERRED
402917973	FORM 9 SUBSEQUENT ATTESTATION
402918075	BUYER NOTIFIED LOCAL GOVT ATTESTATION

Total Attach: 3 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)		