

**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:

**402927510**

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 # 402880835

**OPERATOR INFORMATION**

**SELLING OPERATOR INFORMATION**

OGCC Operator Number: 10518 Contact Name and Telephone:  
 Name of Operator: CONFLUENCE DJ LLC Name: Heather Mitchell  
 Address: 1001 17TH STREET #1250 Phone: (720) 845-6917  
 City: DENVER State: CO Zip: 80202 Email: hmitchell@verdadresources.

**BUYING OPERATOR INFORMATION**

OGCC Operator Number: 10651 Contact Name and Telephone:  
 Name of Operator: VERDAD RESOURCES LLC Name: Heather Mithcell  
 Address: 1125 17TH STREET SUITE 550 Phone: (720) 845-6917  
 City: DENVER State: CO Zip: 80202 Email: hmitchell@verdadresources.com

**TRANSFER INFO**

**Transfer Dates**

Form 9 Intent - Anticipated Date of Transfer: 12/09/2021  
 Form 9 Subsequent - Effective Date of Transfer: s12/15/2021

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

Surety ID	Bond Type	Amount
20170009	PLUGGING	100,000

**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**

This form 9 is over 7 days past the closing date.

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

Print Name: Heather Mithcell Email: hmitchell@verdadresources.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

<b>Att Doc Num</b>	<b>Name</b>
402927561	EDD-S-WELLS-FACILITIES-TRANSFERRED
402927596	FORM 9 SUBSEQUENT ATTESTATION
402927752	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)		