

**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:

402980832

Receive Date:

03/10/2022

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 # 402979855

OPERATOR INFORMATION

SELLING OPERATOR INFORMATION

OGCC Operator Number: 10144 Contact Name and Telephone:
 Name of Operator: XOG OPERATING LLC Name: Danny Soulier
 Address: P O BOX 352 Phone: (432) 290-7199
 City: MIDLAND State: TX Zip: 79702 Email: dsoulier@xogoperating.com

BUYING OPERATOR INFORMATION

OGCC Operator Number: 10017 Contact Name and Telephone:
 Name of Operator: CHACO ENERGY COMPANY Name: Matt Nelson
 Address: P O BOX 1587 Phone: (303) 981-3840
 City: DENVER State: CO Zip: 80201 Email: matt@chacoenergy.com

TRANSFER INFO

Transfer Dates

Form 9 Intent - Anticipated Date of Transfer: 03/10/2022

Form 9 Subsequent - Effective Date of Transfer: s03/10/2022

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: \$ 0

Form 9 Subsequent - The Buying Operator's Financial Assurance:

Surety ID	Bond Type	Amount
20200038	PLUGGING	60,000

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.

Wells & Facilities Transferred Summary

1	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	OFF-LOCATION FLOWLINE	-	479929	479928	SUGARLOAF 34-2 TO SALES METER	NESE	34	12N	101W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	MOFFAT		10144	XOG OPERATING LLC					
2	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	OFF-LOCATION FLOWLINE	-	479930	479928	SUGARLOAF-34-1 TO SALES METER	NESE	34	12N	101W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	MOFFAT		10144	XOG OPERATING LLC					
3	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	479928	479928	SUGARLOAF SALES METER #	NESE	34	12N	101W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	MOFFAT		10144	XOG OPERATING LLC					

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
1310837	FORM 9 SUBSEQUENT ATTESTATION
402980832	Form 09 SUBMITTED
402980885	EDD-S-WELLS-FACILITIES-TRANSFERRED
402980911	BUYER NOTIFIED LOCAL GOVT ATTESTATION

Total Attach: 4 Files

Condition of Approval

COA Type

Description

0 COA	

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Financial Assurance	Review complete, requirements satisfied, transfer approved.	04/07/2022
Total: 1 comment(s)		