

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:

05/04/2022

## 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 # 403025649

## OPERATOR INFORMATION

## SELLING OPERATOR INFORMATION

OGCC Operator Number: 10691

Contact Name and Telephone:

Name of Operator: PHOENIX RESOURCES LLC

Name: Taylor Heffner

Address: 5566 S SYCAMORE STREET

Phone: (303) 219-3362

City: LITTLETON State: CO Zip: 80120

Email: theffner@phxresources.com

## BUYING OPERATOR INFORMATION

OGCC Operator Number: 10243

Contact Name and Telephone:

Name of Operator: GMT EXPLORATION COMPANY LLC

Name: Maxwell Blair

Address: 1560 BROADWAY STE 2000

Phone: (720) 862-4503

City: DENVER State: CO Zip: 80202

Email: mblair@gmtexploration.com

## TRANSFER INFO

## Transfer Dates

Form 9 Intent - Anticipated Date of Transfer: 05/01/2022

Form 9 Subsequent - Effective Date of Transfer: 05/01/2022

## 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: \$ 85,000

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

Surety ID	Bond Type	Amount
20070102	PLUGGING	60,000
20170163	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: Maxwell Blair

Email: mblair@gmtexploration.com

Signature: \_\_\_\_\_

Title: Regulatory Manager

Date: 05/04/2022

**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>
	PIT	005-06450	114537	320668		SWSW	35	5S	65W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	ARAPAHOE		10691	PHOENIX RESOURCES 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	005-06450	204365	320668	STATE 35-13	SWSW	35	5S	65W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	ARAPAHOE	STATE	10691	PHOENIX RESOURCES 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>
	LOCATION	005-06450	320668	320668	STATE-65S65W 35SWSW	SWSW	35	5S	65W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	ARAPAHOE		10691	PHOENIX RESOURCES 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

<u>Att Doc Num</u>	<u>Name</u>
403037000	EDD-S-WELLS-FACILITIES-TRANSFERRED
403037043	FORM 9 INTENT ATTESTATION
403038262	BUYER NOTIFIED LOCAL GOVT ATTESTATION
403038275	CORRESPONDENCE
403038278	FORM 9 SUBSEQUENT ATTESTATION

Total Attach: 5 Files

## Condition of Approval

**COA Type**

**Description**

0 COA	

## General Comments

User Group

Comment

Comment Date

Stamp Upon  
Approval

Total: 0 comment(s)