

**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:**

**403143283**

**Receive Date:**

**08/22/2022**

**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 # 403140373

**OPERATOR INFORMATION**

**SELLING OPERATOR INFORMATION**

OGCC Operator Number: 10656 Contact Name and Telephone:  
Name of Operator: MORNING GUN EXPLORATION LLC Name: Benjamin Pittsley  
Address: 1601 ARAPAHOE ST Phone: (603) 219-5011  
City: DENVER State: CO Zip: 80202 Email: BP@S-Companies.com

**BUYING OPERATOR INFORMATION**

OGCC Operator Number: 10774 Contact Name and Telephone:  
Name of Operator: SUMMIT OIL & GAS LLC Name: Benjamin Pittsley  
Address: PO BOX 983038 Phone: (603) 219-5011  
City: PARK CITY State: UT Zip: 84098 Email: BP@S-Companies.com

**TRANSFER INFO**

**Transfer Dates**

Form 9 Intent - Anticipated Date of Transfer: 09/18/2022  
Form 9 Subsequent - Effective Date of Transfer: 02/22/2022

**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: \$ 60,000  
Form 9 Subsequent - The Buying Operator's Financial Assurance:

Surety ID	Bond Type	Amount
20210059	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.**

"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: Benjamin Pittsley Email: BP@S-Companies.com

Signature: \_\_\_\_\_ Title: Partner Date: 08/22/2022

**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>
	LOCATION	-	468847	468847	CASTOR 7-59 11	SWSW	11	7N	59W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10656	MORNING GUN EXPLORATION 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	123-50601	468845	468847	CASTOR 7-59 11-2-7	SWSW	11	7N	59W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10656	MORNING GUN EXPLORATION 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	123-50602	468846	468847	CASTOR 7-59 11-2-3	SWSW	11	7N	59W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10656	MORNING GUN EXPLORATION 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>
	WELL	123-50603	468848	468847	CASTOR 7-59 11-2-10	SWSW	11	7N	59W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10656	MORNING GUN EXPLORATION 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>
	WELL	123-50604	468849	468847	CASTOR 7-59 11-2-5	SWSW	11	7N	59W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10656	MORNING GUN EXPLORATION 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>
	WELL	123-50605	468850	468847	CASTOR 7-59 11-2-12	SWSW	11	7N	59W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10656	MORNING GUN EXPLORATION LLC					
7	<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	123-50606	468851	468847	CASTOR 7-59 11-2-11	SWSW	11	7N	59W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10656	MORNING GUN EXPLORATION LLC					
8	<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	123-50607	468852	468847	CASTOR 7-59 11-2-9	SWSW	11	7N	59W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10656	MORNING GUN EXPLORATION LLC					
9	<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	123-50608	468853	468847	CASTOR 7-59 11-2-2	SWSW	11	7N	59W

	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10656	MORNING GUN EXPLORATION LLC					
10	<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	123-50609	468854	468847	CASTOR 7-59 11-2-4	SWSW	11	7N	59W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10656	MORNING GUN EXPLORATION LLC					
11	<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	123-50610	468855	468847	CASTOR 7-59 11-2-1	SWSW	11	7N	59W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10656	MORNING GUN EXPLORATION LLC					
12	<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	123-50611	468856	468847	CASTOR 7-59 11-2-8	SWSW	11	7N	59W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10656	MORNING GUN EXPLORATION LLC					
13	<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	123-50612	468857	468847	CASTOR 7-59 11-2-6	SWSW	11	7N	59W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10656	MORNING GUN EXPLORATION 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

<u>Att Doc Num</u>	<u>Name</u>
1311136	CORRESPONDENCE
1311137	CORRESPONDENCE
1311138	FORM 9 SUBSEQUENT ATTESTATION
403143283	Form 09 SUBMITTED
403143778	BUYER NOTIFIED LOCAL GOVT ATTESTATION
403143783	EDD-S-WELLS-FACILITIES-TRANSFERRED

Total Attach: 6 Files

<u>COA Type</u>	<u>Description</u>
0 COA	

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Financial Assurance	Form 9 approved.	01/20/2023
Financial Assurance	Both operators have resolved all issues and accepted the Conditions of Approval.	01/20/2023
Financial Assurance	<p>I have reviewed the above captioned Form 9 transfer with the following notes.</p> <p>The Intent Attestation should be on the Seller's letterhead and reference the Intent document number. However, if the following issue is resolved the transfer can be approved.</p> <p>Issue 1 – The Intent document number was used on the Subsequent Attestation. Solution 1 – Please use the Subsequent document number on the Subsequent Attestation.</p> <p>Assuming the other Form 9 requirements are met, all Form 9s shall now be passed with the following two COAs: The Buying Operator must file a Form 3, Financial Assurance Plan, within 10 business days of Form 9 approval. Per Rule 702, Buyer will then provide any required additional financial assurance as soon as practicable but no later than 90 days from the Commission's approval of the Form 3, Financial Assurance Plan.</p> <p>The Selling Operator must file a Form 3, Financial Assurance Plan within 10 business days of Form 9 approval. Per Rule 702, Seller will then provide any required additional financial assurance as soon as practicable but no later than 90 days from the Commission's approval of the Form 3, Financial Assurance Plan.</p> <p>Please let me know if you have any questions.</p> <p>Have a nice weekend. Deb</p>	01/13/2023

Total: 3 comment(s)