

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:

403316281

Receive Date:

04/05/2023

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 # 0

OPERATOR INFORMATION

SELLING OPERATOR INFORMATION

OGCC Operator Number: 10670

Contact Name and Telephone:

Name of Operator: BISON IV OPERATING LLC

Name: Lauren Morahan

Address: 518 17TH STREET SUITE 1800

Phone: (720) 644-6997

City: DENVER State: CO Zip: 80202

Email: lmorahan@bisonog.com

BUYING OPERATOR INFORMATION

OGCC Operator Number: 10661

Contact Name and Telephone:

Name of Operator: CIVITAS NORTH LLC

Name: Nathan Bennett

Address: 555 17TH STREET #3700

Phone: (303) 312-8166

City: DENVER State: CO Zip: 80202

Email: nbennett@civiresources.com

TRANSFER INFO

Transfer Dates

Form 9 Intent - Anticipated Date of Transfer: 02/09/2023

Form 9 Subsequent - Effective Date of Transfer: s

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: \$ 0

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

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 CONFIDENTIAL Form 09- Intent is being filed to transfer identified wells, locations, and associated equipment from Operator #10670 to Operator #10661.

The Buyer, Civitas North LLC, is a wholly owned subsidiary of Civitas Resources, Inc. Civitas (as Parent, Op #200642) is seeking approval for its Financial Assurance Plan pursuant to Option 6 (Docket #221100285). The comprehensive nature of Option 6 is demonstrative as to the Operator's financial fitness relative to the timelines required by Rule 434.d.(4).

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

Print Name: Justin Garrett

Email: regulatory@ascentgeomatics.com

Signature: _____

Title: Sr. Regulatory Analyst

Date: 04/05/2023

Wells & Facilities Proposed for Transfer 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	-		454749	HUNT FED 8-60 19 PAD	SENE	19	8N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-46713	454752	454749	HUNT FED 8-60 19-24-1	SENE	19	8N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-46707	454745	454749	HUNT FED 8-60 19-24-3	SENE	19	8N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-46715	454754	454749	HUNT FED 8-60 19-24-4	SENE	19	8N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-46708	454746	454749	HUNT FED 8-60 19-24-7	SENE	19	8N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-46706	454744	454749	HUNT FED 8-60 19-24-8	SENE	19	8N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-46711	454750	454749	HUNT FED 8-60 19-24-5	SENE	19	8N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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>
	LOCATION	-		461821	CANVASBACK PAD	SWNW	32	9N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-49661	461823	461821	CANVASBACK FED 32-33-1HN	SWNW	32	9N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-49655	461816	461821	CANVASBACK FED 32-33-2HN	SWNW	32	9N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-49657	461818	461821	CANVASBACK FED 32-33-3HN	SWNW	32	9N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-49651	461812	461821	CANVASBACK FED 32-33-4HN	SWNW	32	9N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-49662	461824	461821	CANVASBACK 32-33-5HN	SWNW	32	9N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING LLC					
14	<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	123-49658	461819	461821	CANVASBACK 32-33-6HN	SWNW	32	9N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING LLC					
15	<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	123-49649	461810	461821	CANVASBACK 32-33-7HN	SWNW	32	9N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING LLC					
16	<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	123-49650	461811	461821	CANVASBACK 32-33-8HN	SWNW	32	9N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING LLC					

Incidents Proposed for Transfer Summary

< No row provided >

Related Wells & Facilities Not Proposed for Transfer 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>
	WELL	123-46705	454743	454749	HUNT FED 8-60 19-24-6	SENE	19	8N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-46709	454747	454749	HUNT FED 8-60 19-24-11	SENE	19	8N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-46710	454748	454749	HUNT FED 8-60 19-24-10	SENE	19	8N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-46712	454751	454749	HUNT FED 8-60 19-24-9	SENE	19	8N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-46714	454753	454749	HUNT FED 8-60 19-24-2	SENE	19	8N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING 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	123-46716	454755	454749	HUNT FED 8-60 19-24-12	SENE	19	8N	60W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10670	BISON IV OPERATING LLC					

Related Incidents Not Proposed for Transfer Summary

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Attachment List

<u>Att Doc Num</u>	<u>Name</u>
2357807	CORRESPONDENCE
2357808	CORRESPONDENCE
403316281	Form 09 SUBMITTED
403366281	FORM 9 INTENT ATTESTATION
403366288	EDD-I-WELLS-FACILITIES-PROPOSED
403366289	EDD-I-RELATED-WELLS-FACILITIES-NOT-PROP
403395809	CORRESPONDENCE

Total Attach: 7 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	Both operators have resolved all issues and accepted the COAs. Form 9 Approved.	07/12/2023
Financial Assurance	<p>After reviewing the status of the Form 9, we've identified 1 Field Inspection Report (FIR) (Document #708200165) that was issued with corrective actions related to wells and facilities being transferred. The corrective actions may or may not have been resolved. FIRs with outstanding corrective actions are transferable items that must be accounted for in the Form 9 in one or more of the following ways.</p> <p>1.If the compliance responsibility for such an FIR transfers to the buyer include that FIR on a Related Incidents Transferred list.</p> <p>2.If the compliance responsibility for such an FIR is retained by the seller include that FIR on a Related Incidents Not Transferred list and provide a Seller Retains Responsibility Attestation.</p> <p>If the parties perform the research and determine that all corrective actions for a particular FIR have been resolved, that FIR does not need to be listed on the Form 9 but will be subject to Rule 218.d(1)D.iii.</p> <p>Assuming the other Form 9 requirements are met, all Form 9s shall now be passed with the following two COAs:</p> <p>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>Both operators will need to respond to this email stating that they accept the Conditions of Approval (COA).</p> <p>Please use the following verbiage when resubmitting your Form 3.</p> <p>This Form 3 Document #_____ is submitted because of an approved Form 9 Transfer of Operatorship and it replaces Form 3 document # _____.</p>	06/14/2023
Total: 2 comment(s)		