

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:

403461115

Receive Date:

07/12/2023

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 # 403378406

OPERATOR INFORMATION

SELLING OPERATOR INFORMATION

OGCC Operator Number: 10670

Contact Name and Telephone:

Name of Operator: BISON IV OPERATING LLC

Name: Abigail Wenk

Address: 518 17TH STREET SUITE 1800

Phone: (303) 802-6655

City: DENVER State: CO Zip: 80202

Email: awenk@bisonog.com

BUYING OPERATOR INFORMATION

OGCC Operator Number: 10814

Contact Name and Telephone:

Name of Operator: MDS ENERGY DEVELOPMENT LLC

Name: Rich Saadeh

Address: 409 BUTLER RD SUITE A

Phone: (817) 718-0175

City: KITTANNING State: PA Zip: 16201

Email: richard.saadeh@mdsed.com

TRANSFER INFO

Transfer Dates

Form 9 Intent - Anticipated Date of Transfer: 04/17/2023

Form 9 Subsequent - Effective Date of Transfer: s04/17/2023

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: \$ 220,000

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

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

Print Name: Sandra J. Carter

Email: sandra@s2p2law.com

Signature: _____

Title: Agent / Attorney

Date: 07/12/2023

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	-	477495	477495	DAFFY PAD	NENW	33	8N	59W
	<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 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

403461115	FORM 9 SUBSEQUENT ATTESTATION
403461980	BUYER NOTIFIED LOCAL GOVT ATTESTATION
403461981	EDD-S-WELLS-FACILITIES-TRANSFERRED

Total Attach: 3 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	The issue was resolved. Form 9 approved.	07/20/2023
Financial Assurance	<p>I have reviewed the above captioned Form 9 Transfer and have noted the following issues.</p> <p>Issue 1: The Subsequent Attestation is unacceptable. Solution 1: Richard, please hand sign the Subsequent Attestation. Cursive font is not an acceptable signature. Also, please reference the Subsequent document number in the letter.</p> <p>The normal COAs are not relevant to this transfer, since the transfer only involves a Location.</p> <p>Please reach out with any questions.</p> <p>Kindly, Deb</p>	07/20/2023

Total: 2 comment(s)