

"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: Venessa Chase Email: venessa.chase@pdce.com

Signature: _____ Title: Regulatory Manager Date: 06/01/2023

Wells & Facilities Transferred Summary

1	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	TANK BATTERY	-	453778	305979		NENE	24	4N	66W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10633	CRESTONE PEAK RESOURCES OPERATING LLC					
2	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	123-23771	284196	305979	SEGAL 42-24	SENE	24	4N	66W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10633	CRESTONE PEAK RESOURCES OPERATING LLC					
3	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	123-31760	417841	305979	SEGAL 8-2-24	SENE	24	4N	66W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10633	CRESTONE PEAK RESOURCES OPERATING LLC					
4	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	306519	306519	SEGAL-64N66W 24NWNE	NWNE	24	4N	66W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10633	CRESTONE PEAK RESOURCES OPERATING LLC					
5	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	123-24824	289337	306519	SEGAL 31-24	NWNE	24	4N	66W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10633	CRESTONE PEAK RESOURCES OPERATING LLC					
6	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	310576	310576	SEGAL-64N66W 24NENE	NENE	24	4N	66W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		10633	CRESTONE PEAK RESOURCES OPERATING LLC					
7	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	123-26616	293786	310576	SEGAL 41-24	NENE	24	4N	66W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10633	CRESTONE PEAK RESOURCES OPERATING LLC					
8	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	333011	333011	SEGAL, SAM-64N66W 24NENE	NENE	24	4N	66W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					

	WELD		10633	CRESTONE PEAK RESOURCES 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	123-24826	289335	333011	SEGAL 1-24	NENE	24	4N	66W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD	FEE	10633	CRESTONE PEAK RESOURCES 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

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Attachment List

Att Doc Num	Name
403394116	Form 09 SUBMITTED
403420627	FORM 9 SUBSEQUENT ATTESTATION
403420630	BUYER NOTIFIED LOCAL GOVT ATTESTATION
403420657	EDD-S-WELLS-FACILITIES-TRANSFERRED

Total Attach: 4 Files

COA Type**Description**

The Operator must file a Form 3, Financial Assurance Plan, within 10 business days of Form 9 approval. When resubmitting the Form 3, please use the following verbiage:
"This Form 3 is submitted as a result of an approved Form 9 Transfer of Operatorship."

1 COA

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval
Total: 0 comment(s)		