



"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: Ashley Noonan Email: regulatory@civiresources.com

Signature: \_\_\_\_\_ Title: Sr. Regulatory Analyst Date: 06/22/2022

**Wells & Facilities Transferred Summary**

1	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	431336	431336	DF RANCH /1161-17-12 TANK	SENE	17	11N	61W
	<u>County</u>	<u>Min.Owner.Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	WELD		100322	NOBLE ENERGY INC					

**Incidents Transferred Summary**

1	<u>Document Numbers</u>	<u>Incident Type</u>	<u>Incident Date</u>	<u>Current Op #</u>	<u>Current Op. Name</u>
	402410203	NOAV	02/15/2020	100322	NOBLE ENERGY INC
2	<u>Document Numbers</u>	<u>Incident Type</u>	<u>Incident Date</u>	<u>Current Op #</u>	<u>Current Op. Name</u>
	402418565	NOAV	01/15/2020	100322	NOBLE ENERGY INC
3	<u>Document Numbers</u>	<u>Incident Type</u>	<u>Incident Date</u>	<u>Current Op #</u>	<u>Current Op. Name</u>
	402429535	NOAV	04/14/2020	100322	NOBLE ENERGY INC
4	<u>Document Numbers</u>	<u>Incident Type</u>	<u>Incident Date</u>	<u>Current Op #</u>	<u>Current Op. Name</u>
	402453572	NOAV	05/15/2020	100322	NOBLE ENERGY INC

**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

<b>Att Doc Num</b>	<b>Name</b>
403086721	Form 09 SUBMITTED
403086728	BUYER NOTIFIED LOCAL GOVT ATTESTATION
403086743	FORM 9 SUBSEQUENT ATTESTATION
403470432	EDD-S-WELLS-FACILITIES-TRANSFERRED
403470433	EDD-S-INCIDENTS-TRANSFERRED

Total Attach: 5 Files

**COA Type**

**Description**

Planning

Four NOAVs that are being transferred and which were outstanding as of the time this form was submitted have been resolved as of 12/12/23:

NOAV #402410203

NOAV #402418565

NOAV #402429535

NOAV #402453572

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 in the Operator Comments in the Signature and Certification section:

"This Form 3 Document #\_\_\_\_\_ is submitted as a result of an approved Form 9 Transfer of Operatorship and it replaces Form 3 document # \_\_\_\_\_."

1 COA

## General Comments

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