

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

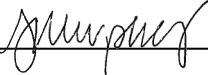
OPERATOR COMMENT AND SUBMITTAL

I had quite a bit of trouble uploading the wells transferred data so please let me know if you find any issues with it. Thank you very much for your review!

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

Print Name: April Mestas Email: amestas@utahgascorp.com

Title: Regulatory Manager Date: 08/22/2025

ECMC Approved:  Title: Director of ECMC Date: 10/31/2025

Wells & Facilities Transferred Summary

| 1 | Facility Type | API | Facility ID | Location ID | Facility Name | QtrQtr | Sec | Twp | Rng |
|---|---------------|------------------------|-----------------------------|--------------------------------|-------------------------|--------|-----|-----|------|
| | WELL | 103-10577 | 277796 | | HELLS HOLE 6-14 | SESW | 6 | 2S | 103W |
| | <u>County</u> | <u>Min.Owner. Type</u> | <u>Current Operator Num</u> | <u>Current Operator Name</u> | | | | | |
| | RIO BLANCO | FEDERAL | 6720 | ROBERT L BAYLESS, PRODUCER LLC | | | | | |
| 2 | Facility Type | API | Facility ID | Location ID | Facility Name | QtrQtr | Sec | Twp | Rng |
| | LOCATION | - | 316465 | 316465 | HELLS HOLE-62S103W6SESW | SESW | 6 | 2S | 103W |
| | <u>County</u> | <u>Min.Owner. Type</u> | <u>Current Operator Num</u> | <u>Current Operator Name</u> | | | | | |
| | RIO BLANCO | FEDERAL | 6720 | ROBERT L BAYLESS, PRODUCER 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 |
|--------------------|---------------------------------------|
| 404307778 | Form 09 SUBMITTED |
| 404308317 | FORM 9 SUBSEQUENT ATTESTATION |
| 404308319 | BUYER NOTIFIED LOCAL GOVT ATTESTATION |
| 404326719 | EDD-S-WELLS-FACILITIES-TRANSFERRED |

Total Attach: 4 Files

COA Type**Description**

| | |
|--|---|
| | Buying Operator must file a Form 10 within 30 calendar days of the date of this approval. |
|--|---|

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|-------|--|
| 1 COA | |
|-------|--|

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|---------------------|--|---------------------|
| Financial Assurance | Buying and Selling Operators are to work collectively to ensure all Production is properly reported | 10/31/2025 |
| Financial Assurance | Well and location are Federal Surface and Federal minerals and not subject to ECMC Financial assurance | 10/31/2025 |
| Total: 2 comment(s) | | |