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10 Oil   Rev 1120 Lincoln Street   03/18 1120 Lincoln Street   CERTIFICATION   This form is to be used for Certificate   first production or a change of trans   well, location, pit or facility. Docum   is the Operator's responsibility to m   for well name or well status changes   OGCC Operator Number:   Company Name: HILCORP	of CLEARANC of CLEARANC ion of Clearance to transport porter/gatherer. A Form 10 sl entation for ratification of sal nail approved copies to the T s. For more information, visit	0203 Phone: (303) 894 E AND/OR product off lease. A hall be filed within 1 e or transfer of own ransporter and/or G	CHANGE C Form 10 shall be file 5 days of a change c ership must be attac iatherer for each wo	DF OPE	vithin 30 days of ownership of a		05/2 Docume	2 <u>3/2018</u> nt Number:
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OGCC Operator Number:	s. For more information, visit			all listed This				
Company Name: HILCORP	10133		tate.co.us		form is not used		4	AN MOCO
			Contac	t Person:	Amanda Ra	ıy	STA	24 20
Address: P O BOX 61229	ENERGY COMPANY			Phone:	(505) 324512	22		6, 18
				Fax:	( )			11.
City: HOUSTON	State: TX	Zip: 7720	08	Email:	mray@hilco	prp.com		
Operator Financial Assuran	ce: 🔲 Blanket	Surety ID:		Individu	al Surety ID:	see listin	g by indiv	vidual well
⊠ New Well Cert o	of Clearance	Change of	Operator	Ad	d/Change	Transp	orter o	r Gatherer
	Ado	d/Change Tr	ansporter o	r Gathe	rer			
X Add	Delete		Produ	uct: 🔲	Oil	X	Gas	
OGCC Transporter No:	96701	Suffix:						
Trans./Gatherer Name:	WILLIAMS FIELD SE	RVICES COMF	ANY LLC					
Address: 2717 COUNT			ity: PARACI		State:	00	Zip:	81635
	110AD 210 #200			IUIL	State.	00	Zip	01033
Phone: ( )		Email Conta	act:					
Remark:								
I hereby certify that the sta The transporter(s)/gathere that this authorization will Colorado Oil and Gas Cor SUBMITTED BY:	er(s) is (are) authorized be valid until further no	to transport the	e oil and/or gas	produced	from the liste	ed well(s)		
Signed:			Print Name:	Amanda	Ray			
Title: Operation/Regu	latory Tech	Email:	mray@hilcorp.	com		Dat	e: 0	5/23/2018
COGCC Approved:	Matthew lee		<u>Title:</u> D	irector o	f COGCC		<u>Date:</u>	05/23/2018

FORI 10	1120 L	incoln Street, Suite 801		vation Com D203 Phone: (303) 89	94-2100 Fax: (303) 894-2109	STATE OF	4016	nt Number: <u>51445</u>
				ICE FOR TR	ANSPORTER AND/OR	GATHERER		
	C Operator N	HILCORP ENE	0133 RGY COMPANY	/			FOR OGCC	USE ONLY
Total	Approved:	and an and a second sec	l out of Total	the second s		d below:		
	1.51	Date of First	Date of F		Well		Location	Transporte
<b>#</b>	API 067-09924	Date of First Production 05/25/2018	Date of F Oil	Gas 05/25/2018	Name ALLISON UNIT COM	Number 138H	Location (QQ/S/T/R) LOT 3/8/32N/6W	/ Gather
1 Total	067-09924 Deleted:	Production 05/25/2018 0 Tota Date of First	Oil I out of Total Date of F	Gas 05/25/2018 Total Submitt	Name ALLISON UNIT COM ted: 1 are listed Well	138H	(QQ/S/T/R) LOT 3/8/32N/6W	/ Gathere 96701
1 Total #	067-09924	Production 05/25/2018 0 Tota Date of First Production	Oil I out of Total Date of F Oil I out of Total	Gas 05/25/2018 Total Submitt irst Sales: Gas	Name ALLISON UNIT COM ted: 1 are listed Well Name	138H I below: Number	(QQ/S/T/R) LOT 3/8/32N/6W	/ Gather 9670