

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax:(303)894-2109



DE		
FOR OGCC USE ONLY		

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

Form 10 is used for Certification of Clearance to transport product off lease. A Form 10 shall be filed within 15 days of a change or transfer of ownership of a well, location or facility. A Form 10 Certification of Clearance shall be filed within 30 days of initial sales or change of transporter gatherer. It is the Operator's responsibility to provide approved copies to the Transporter and/or Gatherer for each well listed. For more information visit www.cogcc.state.co.us.

1. OGCC Operator Number: _____	4. Contact Name: _____
2. Name of Operator: _____	Phone: _____
3. Address: _____	Fax: _____
City: _____ State: _____ Zip: _____	Email: _____

Operator Bond Status Blanket Individual Surety ID# _____

New Well Certification of Clearance
 Change of Operator Add/Change Transporter or Gatherer Effective Date of Change: _____

Transporter or Gatherer Information

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: _____	Transporter/Gatherer Name: _____
Address: _____	City: _____ State: _____ Zip: _____
Area Code and Phone Number: _____	Email Contact: _____

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: _____	Transporter/Gatherer Name: _____
Address: _____	City: _____ State: _____ Zip: _____
Area Code and Phone Number: _____	Email Contact: _____

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: _____	Transporter/Gatherer Name: _____
Address: _____	City: _____ State: _____ Zip: _____
Area Code and Phone Number: _____	Email Contact: _____

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Product: <input type="checkbox"/> Oil <input type="checkbox"/> Gas
OGCC Transporter No: _____	Transporter/Gatherer Name: _____
Address: _____	City: _____ State: _____ Zip: _____
Area Code and Phone Number: _____	Email Contact: _____

Remarks: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete. The transporter(s)/gatherer(s) is (are) authorized to transport the oil and/or gas produced from all the listed well(s) and that this authorization will be valid until further notice to the transporter named herein or until cancelled by the Colorado Oil and Gas Conservation Commission.

SUBMITTED BY:
Signed: _____ Print Name: _____
Title: _____ Email: _____ Date: _____

CHANGE OF OPERATOR:	
Name of Buying Operator: _____	Name of Selling Operator: _____
Signature: _____ Date: _____	Signature: _____ Date: _____
Print Name/Title: _____ Email: _____	Print Name/Title: _____ Email: _____

OGCC Approved: _____ Title: _____ Date: _____

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OGCC Operator Number: _____

NEW WELL CERTIFICATION OF CLEARANCE FOR TRANSPORTER and/or GATHERER

#	API#:	Date of First Production:	Date of First Sales: Oil Gas		Well Name:	Well No.	Location(QQ,STR)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

#	TYPE	OGCC Identifying Number: API#, Facility ID, Location ID	Well or Facility Name:	No.	Location(QQ,STR)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					