

FORM
38
Rev
1/10

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

RECEIVED
FOR OFFICIAL USE ONLY
JUL 25 2018
COGCC

PAYMENT OF PROCEEDS HEARING REQUEST

This form may be submitted only by a payee legally entitled to payment from proceeds derived from the sale of oil, gas, or associated products from a well in Colorado. The payee is to complete this form (one form per well), attach required documentation and mail to: COGCC, 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 or fax to: (303) 894-2109. COGCC will investigate the report and determine what action, if any, should be taken.

PAYEE INFORMATION

NAME OF PAYEE: Elaine Walford PHONE NO: 303-324-8035
ADDRESS: 1434 Baseline Rd. FAX:
CITY: Boulder STATE: CO ZIP: 80302 E-MAIL: elaine@omnienergies.us
PAYEE NUMBER: 25930

MINERAL INFORMATION

WELL NAME: McCoy 23-33 COUNTY: Weld
QTR/QTR SEC: TOWNSHIP: RANGE:
NE/SW 33 4N-68W API NUMBER: 123-35231-00

NON-COMPLIANCE ISSUES NOT RESOLVED

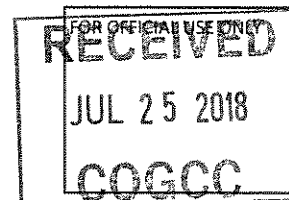
(PLEASE CHECK ALL THAT APPLY)

Required checkstub detail not provided: _____
Late payment XXX
Non payment XXX
No interest paid on late payment _____
No response to Form 37 inquiry XXX

All pertinent documentation must be attached. This includes: completed copy of operator contact Form 37, proof of mailing, response (if received from operator), redacted checkstub detail and any other documentation necessary.

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MINERAL INFORMATION

WELL NAME: McCoy 24-33 COUNTY: Weld
 QTR/QTR SEC: TOWNSHIP: RANGE:
 SE/SW 33 4N-68W API NUMBER: 123-35230-00

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(PLEASE CHECK ALL THAT APPLY)

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WELL NAME: McCoy 14-33 COUNTY: Weld
QTR/QTR SEC: TOWNSHIP: RANGE:
SW/SW 33 4N-68W API NUMBER: 123-35226-00

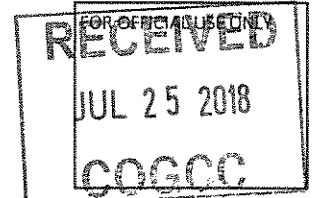
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WELL NAME: McCoy 2-6-33 COUNTY: Weld
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 C/SW 33 4N-68W API NUMBER: 123-35229-00

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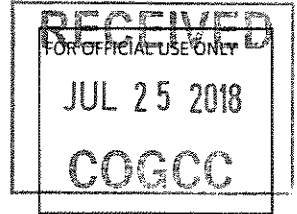
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MINERAL INFORMATION

WELL NAME: McCoy 13-33 COUNTY: Weld
QTR/QTR SEC: TOWNSHIP: RANGE:
NW/SW 33 4N-68W API NUMBER: 123-35227-00

NON-COMPLIANCE ISSUES NOT RESOLVED
(PLEASE CHECK ALL THAT APPLY)

Required checkstub detail not provided: _____
Late payment XXX
Non payment XXX
No interest paid on late payment _____
No response to Form 37 inquiry XXX

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®

HOUSTON, TX 77057

Certified Mail Fee \$3.45
 \$
 Extra Services & Fees (check box, add fee to Certified Mail fee)
 Return Receipt (hardcopy) \$0.00
 Return Receipt (electronic) \$0.00
 Certified Mail Restricted Delivery \$0.00
 Adult Signature Required \$0.00
 Adult Signature Restricted Delivery \$0.00

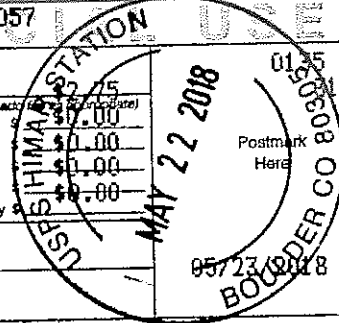
Postage \$1.21

Total Postage and Fees \$7.41

Sent To Scott Ghan
 Street and Apt. No., or PO Box No. 5847 San Felipe #3000
 City, State, ZIP+4® Houston, TX 77057

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

9212 6668 1000 0920 9702



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Scott Ghan
5847 San Felipe #3000
Houston, TX 77057



2. Article Number (Transfer from service label)
7018 0360 0001 8999 7136

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Shan Snelling Agent
 Addressee
 B. Received by (Printed Name) Shan Snelling C. Date of Delivery 5/29/18
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

JUL 25 2018

COGCC

PAYMENT OF PROCEEDS - SALES VOLUME RECONCILIATION PAYOR CONTACT FORM

This form may be submitted only by a payee legally entitled to payment from proceeds derived from the sale of oil, gas, or associated products from a well in Colorado. The payee is to complete this form (one form per well) and submit it to the payor issuing the payment. Operator addresses may be found at the COGCC website cogcc.state.co.us at DATABASE under the category NAME, ADDRESS AND FINANCIAL ASSURANCE. This form must be submitted to the payor via certified mail. Using this form to request information will not replace the need for a financial audit.

PAYEE INFORMATION

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CITY: Boulder	STATE: CO	ZIP: 80302
E-MAIL: elaine@omnienergies.us		
SIGNATURE:	PAYEE NUMBER: 25930	

MINERAL INFORMATION

WELL NAME: McCoy 24-33	COUNTY: Weld
QTR/QTR SEC: TOWNSHIP: RANGE: SE/SW Sec. 33 4N-68W	API NUMBER: 123-35230-00

REQUEST FOR PAYMENT OF PROCEEDS INFORMATION

Payee should mark appropriate entries to show missing information required by CRS 34-60-118.5. (Payee should also attach a copy of the checkstub with all applicable non-compliance details noted.)

The name, number, or a combination of name and number that identifies the lease, property, unit or well for which payment is being made. XXX

The month and year during which the sale occurred. XXX

The total quantity of product sold attributable to such payment, including the units of measurement. XXX

The price received per unit of measurement. (Price per barrel in the case of oil and price per thousand cubic feet (MCF) or price per million British Thermal Units ("MMBTU") in the case of gas.) XXX

The total amount of severance taxes and any other production taxes or levies applied to the sale. XXX

The payee's interest in the sale, expressed as a decimal and calculated to at least the sixth decimal place. XXX

The payee's share of the sale before any deductions or adjustments made by the payor or identified with the payment. XXX

The payee's share of the sale after any deductions or adjustments made by the payor or identified with the payment. XXX

An address and telephone number from which additional information may be obtained and questions answered. XXX

Additional Information Requested

[Note: This section asks for the additional information payee may request under 118.(2.5) as amended by HB 1180.]

Written explanation of deductions or adjustments over which payor has control or information, (whether or not identified with the payment), regarding:

Meter calibration testing records _____ Production reporting records XXX

PAYMENT OF PROCEEDS - PAYOR RESPONSE

The payor, _____, responded to this request on _____ (date) as required by CRS 34-60-118.5(2.5). (The payor must respond within 60 days.) I/we could not provide information concerning _____ for the following reasons:

**PAYMENT OF PROCEEDS - SALES VOLUME RECONCILIATION
PAYOR CONTACT FORM**

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MINERAL INFORMATION

WELL NAME: McCoy 2-6-33	COUNTY: Weld
QTR/QTR SEC: TOWNSHIP: RANGE: C/SW Sec. 33 4N-68W	API NUMBER: 123-35229-00

REQUEST FOR PAYMENT OF PROCEEDS INFORMATION

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WELL NAME: McCoy 14-33	COUNTY: Weld
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