

FORM NO. 20 R 10/09

SUBMIT IN QUADRUPPLICATE TO

RECEIVED
ARM 36.22.307
36.22.1308

MONTANA BOARD OF OIL AND GAS CONSERVATION
2535 ST. JOHNS AVENUE BILLINGS, MONTANA 59102

OCT 26 2020

Notice of Intent to Change Operator

MONTANA BOARD OF OIL &
GAS CONSERVATION • BILLINGS

The undersigned Transferor hereby notifies the Board of Oil and Gas Conservation of its intention to transfer ownership and/or operation of the following wells to the undersigned Transferee:

Lease Name: Bachmann #16-1 & Sanborn #1	Lease type:(Private, State, Federal, Indian) Private
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County: Liberty	Field name: Keith Area - Keith, East
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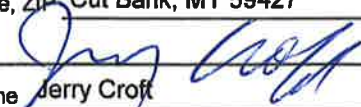
Description of wells: Include API well number, well name and number, and exact location of the well including Township, Range, Section, quarter-quarter and footage measurements, and lease type . (Federal, Indian, Private, State) Attach additional sheets as necessary.

Bachmann #16-1	Sanborn #1
API No. 25-051-21482	API No. 25-051-21182
NW¼SE¼SE¼ Sec. 1-T36N-6E	SW¼NE¼NE¼ Sec. 7-T36N-R7E
990' FSL & 990' FEL	990' FNL & 990' FEL

Number of Wells to be Transferred: 2 Effective Date of Transfer: September 1, 2020

Transferor's Statement:
I hereby designate the Transferee named herein as the owner and/or operator of record of the above described well(s). I acknowledge that the Transferor continues to be responsible for said well(s) and all associated equipment and facilities until such time as this transfer is approved by the Montana Board of Oil and Gas Conservation. I certify that the information contained herein is true and correct:

Transferee's Statement:
I hereby accept the designation of operator/owner for the above described well(s). I understand that this transfer will not be approved until the Transferee has complied with the Board's bonding requirements. I acknowledge that under Section 82-11-101 MCA, the Transferee herein is responsible for the costs of proper plugging and restoration of the surface of the well(s) described above. I certify that the information contained herein is true and correct:

Company CROFT PETROLEUM CO.
Street Address _____
P.O. Box P.O. Box 397
City, State, ZIP Cut Bank, MT 59427
Signed 
Print Name Jerry Croft
Title President
Telephone (406) _____ 873-5547
Date 10/15/2020

Company THREE FORKS RESOURCES, LLC
Street Address 4080 Youngfield Street
P.O. Box _____
City, State, ZIP Wheat Ridge, CO 80033
Signed _____
Print Name Scotty A. Smith
Title President
Telephone (303) _____ 318-0717
Date _____

BOARD USE ONLY

Approved _____
Date _____
Name _____ Title _____

Field Office Review	Date	Initial
Inspection	_____	_____
Records Review	_____	_____
Operations	_____	_____

Oper. No. _____ Bond No. _____

Oper No. _____ Bond No. _____