

Operator # 54230
Date # 91-38

STATE OF COLORADO
OIL AND GAS CONSERVATION
DEPARTMENT OF NATURAL RESOURCES



W SW 18-32N-1E

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY			
ET	FE	UC	SE

OGCC LEASE NO. 90-884	LEASE NAME Martinez	WELL NO. 1	API NO. 05-007-6153
FIELD NAME & NO. Navajo Field	COUNTY Archuleta	LOCATION (1/4, SEC, TWP, RNG) SW 1/4 SW 1/4 Sec 18 T-32N R1E NMPM	
OPERATOR NAME John O. Martinez & Joe D. Martinez		OGCC OPR. NO. 54230	AREA CODE PHONE NUMBER (303) 264-5650
OPERATOR ADDRESS Po Box 97, Chromo, CO		** PREVIOUS OPERATOR Alamosa Drilling, Inc.	
CITY Chromo	STATE CO	ZIP CODE 81128	EFFECTIVE DATE OF CHANGE 6-12-91
			NEW OPERATOR BOND STATUS <input type="checkbox"/> BLANKET <input type="checkbox"/> SINGLE <input type="checkbox"/> RIDER

*Complete only if this well is part of a previously producing lease.
**Complete only if change of operator or change of company name.

PRODUCING FORMATION(S) (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)

Mancos Shale

CURRENT WELL STATUS	DATE SHUT IN OR PRODUCTION RESUMED
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TYPE OF COMPLETION (More than one may apply)

NEW COMPLETION COMMINGLED COMPLETION
 RECOMPLETION MULTIPLE COMPLETION

New Well Test Data on 24 hr. Basis: Test Date _____
_____ Bbls. Oil _____ Mcf Gas _____ Bbls. Wtr.

OIL TRANSPORTER (First Purchaser)

NAME	OGCC NO	
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE	PHONE NUMBER	DATE OF FIRST PRODUCTION

GAS GATHERER (First Purchaser)

NAME	OGCC NO	
RECEIVED		
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE	PHONE NUMBER	DATE OF FIRST SALES

AUG 26 1991
COLO. OIL & GAS CONSERV. COMM.

ROYALTY OWNER

STATE FEDERAL
 INDIAN FEE

State, Federal or Indian Lease # _____

TOTAL ACRES IN LEASE	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown
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METHOD OF WATER DISPOSAL

FACILITY NUMBER _____

CENTRAL PIT COMMERCIAL PIT
 ON-SITE PIT INJECTION WELL
 N/A

Remarks: The well is going to be operated by the land owner for their personal domestic use.

The undersigned certifies that the rules and regulations of the Oil and Gas Conservation Commission of the State of Colorado have been complied with except as noted above and that the transporter(s) is (are) authorized to transport the oil and/or gas produced from the above described well 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.

NAME (PRINT) _____ TITLE Owner John O. Martinez DATE 8-20-91
SIGNED Joe D. Martinez

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY _____ TITLE _____ DATE _____

THIS CERTIFICATE EVIDENCES A DEPOSIT IN THE NAME(S) OF John O. Martinez and Joe D. Martinez
Colorado Oil and Gas Conservation Comm. Trustee
1580 Logan Street, Suite 380
Denver, Co. 80202

IN THE AMOUNT OF \$ 802,000.00 (Eight Hundred Two Thousand Dollars)

TERM MATURITY AND DESCRIPTION: This certificate has a term of 3 Yrs. It will (first) mature on Aug. 20, 1994
The minimum balance is \$ _____

INTEREST: Your deposit will earn interest at the rate of 6.0 % per year to the first maturity date. We calculate interest using the _____ (days) per year method. We will compound interest (accrue interest on interest).
We will pay interest Yearly, mail, Cashier's check to John O. Martinez
The interest rate we will pay on automatic renewals of this certificate will be the same rate we offer on new certificates on the maturity date which have the same term, minimum balance and other characteristics as this original certificate. You may call us on or shortly before the maturity date and we can tell you what the interest rate will be for the next renewal term.

YOUR DEPOSIT WILL NOT EARN INTEREST AFTER THE MATURITY DATE UNDER THIS CERTIFICATE (UNLESS IT IS RENEWED)

RENEWALS: If checked, we will automatically renew this certificate on each succeeding maturity date. Each renewal term will be the same as the original term beginning on the maturity date. We will not automatically renew this certificate if you tell us not to. If you are willing to do so, we will start on the day after the maturity date. Significant events (payments or other disposition) on or within 10 calendar days after the maturity date if it has a term of more than 31 days, and one calendar day if it has a term of 31 days or less.

Certificate Number 3647
Account Number _____
Date Aug. 20, 1991
DOLLARS \$ 1,000.00

THE BANK OF THE SOUTHWEST N.A.
524 SAN JUAN P.O. BOX 660
LAGOS SPRINGS, COLORADO 80901

TIME CERTIFICATE OF DEPOSIT NOT NEGOTIABLE - NOT SUBJECT TO CHECK

DEPARTMENT OF THE TREASURY

SAFEKEEPING RECEIPT

140 State Capitol
Denver, Colorado 80203

RECEIPT No. N^o 11928

Received from: Oil & Gas

August 27, 1991

Date

the following described property:

Name: Martinez, John O. & Joe D.

\$ 1,000.00

Operation:

Permit #

Bank or Company: Bank of The Southwest

Letter of Credit #

Insurance Company:

FRA #

Bonding Agent:

CD # 3647

Stock #

Amount \$ 1,000.00

Shares:

Rate: 6.%

CUSIP:

Dated: 8-20-91

Bond #

Due: 8-20-94

Rider Dated:

Increase/Decrease \$

New Due Date:

to be held in safekeeping. This is your receipt.

The property described above will be returned only upon surrender of the original copy of this receipt, signed by a properly authorized person and approved by the appropriate state official.

This receipt is not negotiable or assignable.

Treasurer, State of Colorado

By

Sharon Elliott

Authorized Agent

Treasurer, State of Colorado:

The purpose having been effected, you are requested to release and return the property hereinabove described.

Withdrawal Approved:

By

Authorized Agent

Date

15-62-80 ST

TIME CERTIFICATE OF DEPOSIT
NOT NEGOTIABLE—NOT SUBJECT TO CHECK

THIS CERTIFICATE EVIDENCES A DEPOSIT IN THE NAME(S) OF: John O. Martinez and Joe D. Martinez
Trustee
1580 Logan Street, Suite 380
Denver, Co. 80202 Certificate Number 3647
Account Number [REDACTED]
Date Aug. 20, 1991

IN THE AMOUNT OF \$1,000.00 DOLLARS \$ 1,000.00
TERM, MATURITY AND DESCRIPTION: This certificate has a term of 3 Yrs. It will (first) mature on Aug. 20, 1994
The minimum balance is \$ _____

INTEREST: Your deposit will earn interest at the rate of 6.0 % per year to the first maturity date. We calculate interest using the _____ days per year method. We will compound interest (accrue interest on interest) _____
We will pay interest Yearly mail Cashier's Check to John O. Martinez

The interest rate we will pay on automatic renewals of this certificate will be the same rate we offer on new certificates on the maturity date which have the same term, minimum balance, and other characteristics as this original certificate. You may call us on or shortly before the maturity date and we can tell you what the interest rate will be for the next renewal term.

YOUR DEPOSIT WILL NOT EARN INTEREST AFTER THE MATURITY DATE UNDER THIS CERTIFICATE (UNLESS IT IS RENEWED).

RENEWALS: If checked, we will automatically renew this certificate on each succeeding maturity date. Each renewal term will be the same as the original term, beginning on the maturity date. We will not automatically renew this certificate (1) if you tell us not to do so, in writing, on or before the next maturity date, or (2) if you present this certificate to us for payment (or other disposition) on or within 10 calendar days after the maturity date if it has a term of more than 31 days, and one calendar day if it has a term of seven to 31 days.

SINGLE MATURITY: If checked, we will not automatically renew this certificate. It will mature once on the maturity date.

THE BANK OF THE SOUTHWEST N.A.
524 SAN JUAN, P.O. BOX 660
FAGOSA SPRINGS, COLORADO 81147

BY Jessie Martinez

OWNERSHIP - PERSONAL (Select one and initial)

Single-Party Account _____

Multiple-Party Account _____

Trust Agreement Dated: _____

Other _____

RIGHTS ON DEATH (Select one and initial)

Single-Party Account _____

Multiple-Party Account with Right of Survivorship _____

Multiple-Party Account without Survivorship _____

Single-Party Account with Pay-on-Death _____

Multiple-Party Account with Survivorship and Pay-on-Death _____

The NUMBER OF ENDORSEMENTS needed for withdrawal or any other purpose is: _____

AGENCY (POWER OF ATTORNEY) DESIGNATION (Optional)

To Add Agency Designation To Account, Name One Or More Agents: _____

(Select One And initial):

Agency Designation Survives Disability or Incapacity of Parties _____

Agency Designation Terminates on Disability _____

BENEFICIARIES OF PAY-ON-DEATH ACCOUNTS: _____

NON-PERSONAL ACCOUNTS:

is a: Partnership Corporation

Authorization dated _____

SOCIAL SECURITY OR EMPLOYER'S I.D. NUMBER - A correct taxpayer identification number is required for almost every type of account. A certification of this number is also required and is contained on the first copy of this certificate.

BACKUP WITHHOLDING - A certification that you are not subject to backup withholding is necessary for almost all accounts (except for persons who are exempt altogether). This certification is contained on the first copy of this form. Failure to provide this certification when required will cause us to withhold 20% of the interest earned (for payment to the IRS). Providing a false certification can result in serious federal penalties.

ENDORSEMENTS: Sign only when you request withdrawal.

X _____

X _____

X _____