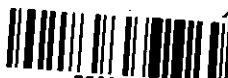


Operator # 54230  
Date # 91-38

STATE OF COLORADO  
OIL AND GAS CONSERVATION  
DEPARTMENT OF NATURAL RESOURCES



00666694

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

TYPE OF COMPLETION (More than one may apply)	
<input type="checkbox"/> NEW COMPLETION	<input type="checkbox"/> COMMINGLED COMPLETION
<input type="checkbox"/> RECOMPLETION	<input type="checkbox"/> 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	
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER	DATE OF FIRST SALES	

ROYALTY OWNER	
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL
<input type="checkbox"/> INDIAN	<input type="checkbox"/> FEE
State, Federal or Indian Lease # _____	
TOTAL ACRES IN LEASE	ACRES ASSIGNED TO WELL
	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> 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 DATE 8-20-91  
SIGNED Joe D. Martinez

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

THIS CERTIFICATE OF DEPOSIT IS NOT NEGOTIABLE - NOT SUBJECT TO CHECK	John O. Martinez and Joe D. Martinez		Certificate Number	3647
	Colorado Oil and Gas Conservation Comm.		Account Number	
	Trustee		Date	Aug. 20, 1991
	1580 Logan Street, Suite 380		DOLLARS \$ 1,000.00	
	Denver, CO 80208		Aug. 20, 1994	
	TERM MATURITY AND DESCRIPTION: This certificate has a term of 3 Yrs. It will (first) mature on			
	The minimum balance is \$ 6.00 % per year to the first maturity date. We calculate interest using the			
	INTEREST: Your deposit will earn interest at the rate of 6.0 % per year to the first maturity date. We calculate interest using the			
	We will pay interest Yearly mail cashier's check to John O. Martinez			
	YOUR DEPOSIT WILL NOT EARN INTEREST AFTER THE MATURITY DATE UNDER THIS CERTIFICATE (UNLESS IT IS RENEWED)			

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

DEPARTMENT OF THE TREASURY

SAFEKEEPING RECEIPT

140 State Capitol  
Denver, Colorado 80203

RECEIPT No. N<sup>o</sup> 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

  
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

Date

Authorized Agent

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  
Colorado Oil and Gas Conservation Comm. Trustee  
1580 Logan Street, Suite 380  
Denver, Co. 80202  
Certificate Number 3647  
Account Number [REDACTED]  
Date Aug. 20, 19 91.  
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, 19 94  
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

15-62-80 25

**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 \_\_\_\_\_

**READ OTHER SIDE FOR ADDITIONAL TERM**