

State of Colorado
Oil and Gas Conservation
DEPARTMENT OF NATURAL RESOURCES

01110146

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

Submit original plus as many copies as the number of wells plus five (5) additional copies. Use Page 2 of Form 10 for multiple wells changing from the same operator to the new operator or when the "Change of Transporter/Gatherer" on multiple wells are the same. This form is not to be used for Well Name changes or Status changes. A separate FORM 10 must be submitted for each new completion and a FORM 10 for each producing formation of a Multiple Completion. It is the Operator's responsibility to mail approved copies to the new Transporter and/or Gatherer for each well listed.

1. OGCC Operator Number:	44350	4. Contact Name & Phone	
2. Name of Operator:	J-W Operating Company		SUZANNE SANDERS
3. Address:	P.O. Box 305	No:	(970) 332-3151
City:	Wray	State:	CO
		Zip:	80758
		Fax:	(970) 332-5821

Operator Bond Status

☒ Blanket
☐ Individual

☐ Change of Operator
Effective Date: _____

☐ Change of Transporter or Gatherer
Effective Date: _____

Complete This Section For a New or Individual Well.

OGCC Lease No:	263283	API Number:	05-1253262
Well Name and Number:	BLACH #04-05	Field Name and Number:	SCHRAMM 76825
Location (QtrQtr, Sec, Twp, Rng, Meridan):	SWSW SEC 5 T1N R46W	Acres in Lease:	160
Acres Assigned to Well	160	Royalty Owner:	<input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian
Method of Water Disposal		Central Pit	<input type="checkbox"/>
Facility and/or Pit Number:	47, 194, 261, 388	On-site Pit	<input checked="" type="checkbox"/>
Producing Formation(s):	NIOBRARA	Commercial Pit	<input type="checkbox"/>
Current Well Status:	PRODUCING	Injection Well	<input checked="" type="checkbox"/>
Multiple Well Lease?	<input checked="" type="checkbox"/> N <input type="checkbox"/> Y	Recompletions?	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, interests must be common. If existing OGCC lease, lease no: _____			

OIL TRANSPORTER		GAS GATHERER	
Name of Oil Transporter	OGCC Transporter No.	Name of Gas Gatherer	OGCC Gatherer No.
Address		Address	BITTER CREEK PIPELINES, LLC
City	State	City	P.O. BOX-5601
Area Code	Phone Number	Area Code	58506-5601
	Date of First Production This Formation		Date of First Sales This Formation
			09/13/01

If Multiple Transporter or Gatherer, Complete the Following:

OIL TRANSPORTER		GAS GATHERER	
Name of Oil Transporter	OGCC Transporter No.	Name of Gas Gatherer	OGCC Gatherer No.
Address		Address	
City	State	City	State
Area Code	Phone Number	Area Code	Phone Number
	Date of First Production This Formation		Date of First Sales This Formation

Remarks:

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.

Buyer or Current Operator's Signature	
Name of Operator	J-W OPERATING COMPANY
Title	DISTRICT ADMINISTRATOR
Date	12/11/01

Seller's Signature	
Name of Operator	
Title	
Date	

OGCC Approved:

Title:

Director, Oil & Gas
Commission

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