



00260233

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

## CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original &amp; 3 copies per well)

*OGCC LEASE NO. <b>13376</b>		LEASE NAME <b>BLEVINS B</b>		WELL NO. <b>5</b>	FOR OFFICE USE ONLY ET <input checked="" type="checkbox"/> FE <input type="checkbox"/> UC <input type="checkbox"/> SE <input checked="" type="checkbox"/>	
FIELD NAME <b>CANADIAN RIVER</b>		FIELD NO. <b>10100</b>	COUNTY <b>JACKSON</b>	LOCATION (QQ, SEC, TWP, RNG) <b>SWSE SEC 3 T9N R78W</b>		
OPERATOR NAME <b>TOM BROWN, INC.</b>				OGCC OPR. NO. <b>11050</b>	AREA CODE / PHONE NUMBER <b>915-682-9715</b>	
OPERATOR ADDRESS <b>508 W. WALL</b>				**PREVIOUS OPERATOR		
CITY <b>MIDLAND</b>	STATE <b>TX</b>	ZIP CODE <b>79701</b>		EFFECTIVE CHANGE DATE	NEW OPERATOR BOND STATUS <input checked="" 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.

<b>PRODUCING FORMATION(S)</b> (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.) FORMATION(S): <b>DK-LK</b>		<b>TYPE OF COMPLETION</b> (More than one may apply.) <input type="checkbox"/> NEW COMPLETION <input type="checkbox"/> COMINGLED COMPLETION <input type="checkbox"/> RECOMPLETION <input type="checkbox"/> MULTIPLE COMPLETION	
CURRENT WELL STATUS <b>SI</b>	DATE SHUT IN OR PRODUCTION RESUMED <b>10/92</b>	New Well Test Data on 24 hr. Basis; Test Date: Bbls Oil _____ MCF Gas _____ Bbls. Water _____	

<b>OIL TRANSPORTER (First Purchaser)</b>		<b>GAS GATHERER (First Purchaser)</b>	
NAME	OGCC NO.	NAME <b>Rocky Mtn Natural Gas Company</b>	OGCC NO. <b>74900</b>
ADDRESS		ADDRESS <b>P.O. Box 281304</b>	
CITY	STATE	ZIP CODE	CITY <b>Lakewood</b>
AREA CODE / PHONE NO.	DATE OF FIRST PRODUCTION	STATE <b>CO</b>	ZIP CODE <b>80228-8304</b>
		AREA CODE / PHONE NO. <b>(303)989-1740</b>	DATE OF FIRST SALES <b>7/28/82</b>

<b>ROYALTY OWNER</b>		<b>METHOD OF WATER DISPOSAL</b>	
<input type="checkbox"/> STATE <input type="checkbox"/> INDIAN	<input type="checkbox"/> FEDERAL <input checked="" type="checkbox"/> FEE	FACILITY NUMBER _____	
State, Federal or Indian Lease #:		<input type="checkbox"/> CENTRAL PIT <input type="checkbox"/> COMMERCIAL PIT <input checked="" type="checkbox"/> ON-SITE PIT <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> N/A	
TOTAL ACRES IN LEASE <b>911</b>	ACRES ASSIGNED TO WELL	STANDUP <input type="checkbox"/> LAYDOWN	

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.

NAME: Carol Criss TITLE: Engineering Technician DATE: 04/26/96SIGNED: Carol Criss

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY: [Signature]TITLE: DIRECTOR

O &amp; G Cons. Comm.

DATE: MAY 22 1996