



00280233

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



CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original & 3 copies per well)



FOR OFFICE USE ONLY			
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*OGCC LEASE NO. 13376	LEASE NAME BLEVINS B	WELL NO. 5	API NO. 05-057-05099
FIELD NAME CANADIAN RIVER	FIELD NO. 10100	COUNTY JACKSON	LOCATION (QQ, SEC, TWP, RNG) SWSE SEC 3 T9N R78W
OPERATOR NAME TOM BROWN, INC.		OGCC OPR. NO. 11050	AREA CODE / PHONE NUMBER 915-682-9715
OPERATOR ADDRESS 508 W. WALL		**PREVIOUS OPERATOR	
CITY MIDLAND	STATE TX	ZIP CODE 79701	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.

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

CURRENT WELL STATUS SI	DATE SHUT IN OR PRODUCTION RESUMED 10/92
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TYPE OF COMPLETION
(More than one may apply.)

<input type="checkbox"/> NEW COMPLETION	<input type="checkbox"/> COMINGLED 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. Water _____

OIL TRANSPORTER (First Purchaser)

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

GAS GATHERER (First Purchaser)

NAME Rocky Mtn Natural Gas Company	OGCC NO. 74900	
ADDRESS P.O. Box 281304		
CITY Lakewood	STATE CO	ZIP CODE 80228-8304
AREA CODE / PHONE NO. (303)989-1740	DATE OF FIRST SALES 7/28/82	

ROYALTY OWNER

<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL
<input type="checkbox"/> INDIAN	<input checked="" type="checkbox"/> FEE

State, Federal or Indian Lease #:

TOTAL ACRES IN LEASE 911	ACRES ASSIGNED TO WELL	<input type="checkbox"/> STANDUP	<input type="checkbox"/> LAYDOWN
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METHOD OF WATER DISPOSAL

FACILITY NUMBER _____

<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	

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: 04/26/96

SIGNED: Carol Criss

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY:

B. Brubaker

TITLE:

DIRECTOR
O & G Cons. Comm.

DATE:

MAY 22 1996