



00251206

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

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY			
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OGCC LEASE NO 36597	LEASE NAME 791-3401	WELL NO 1	API NO 05-081-6725
FIELD NAME & NO Craig 13500	COUNTY Moffat	LOCATION (1/4, SEC, TWP., RNG) NE NE S34 - T7N - R91W	
OPERATOR NAME Cockrell Oil Corporation		OGCC OPR NO 18005	AREA CODE PHONE NUMBER (713) 651-1271
OPERATOR ADDRESS 1600 Smith Street, Suite 4600		** PREVIOUS OPERATOR	
CITY Houston	STATE Texas	ZIP CODE 77002-7348	EFFECTIVE DATE OF CHANGE 9/13/90
			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.) Williams Fork Coal	
CURRENT WELL STATUS Shut In	DATE SHUT IN OR PRODUCTION RESUMED 9/13/90

TYPE OF COMPLETION (More than one may apply) <input checked="" 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 N/A	OGCC NO.
ADDRESS	
CITY DEC 1-5-1990	STATE 1990
AREA CODE PHONE NUMBER ()	DATE OF FIRST PRODUCTION COLO. OIL & GAS CONS. COMM

GAS GATHERER (First Purchaser)	
NAME N/A	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 checked="" type="checkbox"/> FEE
State, Federal or Indian Lease # _____	
TOTAL ACRES IN LEASE 320	ACRES ASSIGNED TO WELL <input type="checkbox"/> Standup <input checked="" type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER N/A	
<input checked="" 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:

Water prod**STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS**

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) **B. E. Weichman** TITLE **Geologist** DATE **12/10/90**
SIGNED **[Signature]**

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY **Dennis R. Bicknell** TITLE **DIRECTOR** DATE **1/18/91**
O & G Cons. Comm.