



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

NEW COMPLETION  COMMINGLED COMPLETION  
 RECOMPLETION  MULTIPLE COMPLETION

**New Well Test Data on 24 hr. Basis:** Test Date \_\_\_\_\_  
\_\_\_\_\_ Bbls. Oil \_\_\_\_\_ Mcf Gas \_\_\_\_\_ Bbls. Wtr.

**OIL TRANSPORTER (First Purchaser)**

NAME <b>N/A</b>	OGCC NO.
ADDRESS	
CITY <b>DEC STATE 1990</b>	ZIP CODE
AREA CODE PHONE NUMBER <b>( )</b>	DATE OF FIRST PRODUCTION

**GAS GATHERER (First Purchaser)**

NAME <b>N/A</b>	OGCC NO.
ADDRESS	
CITY	STATE ZIP CODE
AREA CODE PHONE NUMBER <b>( )</b>	DATE OF FIRST SALES

**ROYALTY OWNER**

STATE  FEDERAL  
 INDIAN  FEE

State, Federal or Indian Lease # \_\_\_\_\_

TOTAL ACRES IN LEASE <b>320</b>	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup <input checked="" type="checkbox"/> Laydown
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**METHOD OF WATER DISPOSAL**

FACILITY NUMBER **N/A**

CENTRAL PIT  COMMERCIAL PIT  
 ON-SITE PIT  INJECTION WELL  
 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 O & G Cons. Comm.** DATE **1/18/91**