

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 36590	LEASE NAME 791-2716	WELL NO 1	API NO 05-081-6723
FIELD NAME & NO Craig 13500	COUNTY Moffat	LOCATION (TWP., SEC., TWP., RNG) SE SE S27 - 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	EFFECTIVE DATE OF CHANGE 10/2/90
		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 10/2/90

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 RECEIVED	
ADDRESS DEC 13 1990			
CITY	STATE	ZIP CODE	
AREA CODE	PHONE NUMBER	DATE OF FIRST PRODUCTION	
()	()	_____	

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 checked="" type="checkbox"/> Standup	<input 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 *[Signature]* TITLE **DIRECTOR** DATE **1/18/91**
O & G Cons. Comm.