



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. 57570		LEASE NAME UPRR Priddy		WELL NO. #4	API NO. 05-123-05525
FIELD NAME & NO. Pierce		COUNTY Weld	LOCATION (1/4, SEC, TWP., RNG) SE 1/4 SW 1/4 Section 23-8N-66W		
OPERATOR NAME Stelbar Oil Corporation, Inc.		OGCC OPR. NO. 82470	AREA CODE PHONE NUMBER (316) 264-8378		
OPERATOR ADDRESS 155 North Market, Suite 500		** PREVIOUS OPERATOR Chevron U.S.A. Inc.			
CITY Wichita, KS 67202	STATE	ZIP CODE	EFFECTIVE DATE OF CHANGE 7/1/90	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.) Lyons	
CURRENT WELL STATUS Shut In	DATE SHUT IN OR PRODUCTION RESUMED when?

TYPE OF COMPLETION (More than one may apply)	
<input 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		OGCC NO.
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ()	DATE OF FIRST PRODUCTION	

GAS GATHERER (First Purchaser)		
NAME		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 type="checkbox"/> FEE
State, Federal or Indian Lease # _____	
TOTAL ACRES IN LEASE 5052	ACRES ASSIGNED TO WELL <input type="checkbox"/> Standup <input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER 179	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input type="checkbox"/> ON SITE PIT	<input checked="" type="checkbox"/> INJECTION WELL

Remarks: _____

STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS.

COLO. OIL & GAS CONS. COMM.

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) **Martin B. Shawver** TITLE **Vice-President** DATE **11/29/90**
SIGNED **Martin B. Shawver**

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY **Dennis Bicknell** TITLE **DIRECTOR** DATE **DEC 21 1990**
O & G Cons. Comm.