



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
ET: [] FEE: [] LUC: [] SE: []

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 *when?*

CURRENT WELL STATUS: **Shut In**

DATE SHUT IN OR PRODUCTION RESUMED: _____

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 _____ OGCC NO. _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AREA CODE PHONE NUMBER _____ DATE OF FIRST PRODUCTION _____
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GAS GATHERER (First Purchaser)

NAME _____ OGCC NO. _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AREA CODE PHONE NUMBER _____ DATE OF FIRST SALES _____
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ROYALTY OWNER

STATE FEDERAL
 INDIAN FEE

State, Federal or Indian Lease # _____

TOTAL ACRES IN LEASE: **5052**

ACRES ASSIGNED TO WELL: Standup Laydown

METHOD OF WATER DISPOSAL

FACILITY NUMBER: **179**

CENTRAL PIT COMMERCIAL PIT
 ON SITE PIT INJECTION WELL

RECEIVED
DEC 3 1990

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.