

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. 34504	LEASE NAME Whittier A	WELL NO. 3	API NO. 05 075 64430
FIELD NAME & NO. Walker 90550	COUNTY Logan	LOCATION (1/4, SEC, TWP., RNG) 990'S of NL, 1650'W of EL, NE 1/4 S21 T9N R53W	
OPERATOR NAME Skaer Enterprises, Inc.		OGCC OPR. NO. 79395	AREA CODE PHONE NUMBER (303) 320-1071
OPERATOR ADDRESS P.O. Box 22418		** PREVIOUS OPERATOR	
CITY Denver	STATE Colorado	ZIP CODE 80222	EFFECTIVE DATE OF CHANGE
			NEW OPERATOR BOND STATUS <input 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.

<b>PRODUCING FORMATION(S)</b> (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)	
JSND	
CURRENT WELL STATUS PR	DATE SHUT IN OR PRODUCTION RESUMED

<b>TYPE OF COMPLETION</b> (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.

<b>OIL TRANSPORTER (First Purchaser)</b>		
NAME Texaco Trading & Transportation	OGCC NO. 33940	
ADDRESS 1670 Broadway		
CITY Denver	STATE Colo.	ZIP CODE 80217
AREA CODE PHONE NUMBER (303) 992-8470	DATE OF FIRST PRODUCTION	

<b>GAS GATHERER (First Purchaser)</b>		
NAME	OGCC NO.	
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ( )	DATE OF FIRST SALES	

<b>ROYALTY OWNER</b>		
<input type="checkbox"/> STATE	0013-0-1992	
<input type="checkbox"/> INDIAN	<input type="checkbox"/> FEE	
State, Federal or Indian Lease * <b>COLO. OIL &amp; GAS CONS. COMM.</b>		
TOTAL ACRES IN LEASE	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

<b>METHOD OF WATER DISPOSAL</b>	
FACILITY NUMBER _____	
<input 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: Change of oil purchaser only, effective September 1, 1992.

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) L.E. Skaer TITLE Vice President DATE 10-15-92

SIGNED *Anna Skaer*

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY *Donna K. Ricknell* TITLE DIRECTOR DATE NOV 20 1992

O &amp; G Cons. Comm.