

STATE OF COLORADO  
CONSERVATION COMMISSION  
NATURAL RESOURCES

## CERTIFICATE OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY

ET: 11 FEB 1994 UC: SEC: 5

OGCC LEASE NO <b>11170</b>	LEASE NAME <b>Christopher 41-1</b>	WELL NO <b>#5</b>	API NO <b>05-017-7393</b>
FIELD NAME & NO <b>Speaker 77825</b>	COUNTY <b>Cheyenne</b>	LOCATION (TWP. SEC. TWP. RANG) <b>NE/NE Sec. 1-12S-51W</b>	
OPERATOR NAME <b>Union Pacific Resources Company</b>		OGCC OPR NO <b>91100</b>	AREA CODE PHONE NUMBER <b>( 817 ) 877-6530</b>
OPERATOR ADDRESS <b>P.O. Box 7 MS 3407</b>		** PREVIOUS OPERATOR	
CITY <b>Fort Worth, TX</b>	STATE <b>TX</b>	ZIP CODE <b>76101-0007</b>	EFFECTIVE DATE OF CHANGE
			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.

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

<b>TYPE OF COMPLETION</b> (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 <b>9-20-93</b>	
<b>249</b> Bbls. Oil	<b>14</b> Mcf Gas <b>0</b> Bbls. Wtr.

<b>OIL TRANSPORTER (First Purchaser)</b>			
NAME <b>Koch Oil Company</b>		OGCC NO	
ADDRESS <b>P.O. Box 2256</b>			
CITY <b>Wichita,</b>	STATE <b>KS</b>	ZIP CODE <b>67201</b>	
AREA CODE PHONE NUMBER <b>(316) 832-5500</b>	DATE OF FIRST PRODUCTION <b>09-17-93</b>		

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

<b>ROYALTY OWNER</b>			
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL		
<input type="checkbox"/> INDIAN	<input type="checkbox"/> FEE		
State, Federal or Indian Lease # <b>UPRR Land Grant</b>			
TOTAL ACRES IN LEASE <b>642.1</b>	ACRES ASSIGNED TO WELL <b>80</b>	<input checked="" 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 checked="" type="checkbox"/> INJECTION WELL
<input type="checkbox"/> N/A	

Remarks:

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) **Cami Minzenmayer** TITLE **Regulatory Analyst** DATE **10-05-93**SIGNED **Cami Minzenmayer**

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY

TITLE

**DIRECTOR**  
**O & G Cons. Comm**

DATE

**APR 19 1994**