

STATE OF COLORADO
OIL & GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)



OGCC LEASE NO. 15100		LEASE NAME Christopher 41-1		WELL NO. 5	API NO. 05-017-7393	
FIELD NAME & NO. Speaker 77825		COUNTY Cheyenne	LOCATION (1/4, SEC., TWP., RNG.) NE/NE sec. 1, T.12S., R.51W.			
OPERATOR NAME Union Pacific Resources Company			OGCC OPR. NO. 91100	AREA CODE 817	PHONE NUMBER 877-7941	
OPERATOR ADDRESS P.O. Box 7 MS 3006			**PREVIOUS OPERATOR			
CITY Fort Worth,	STATE TX	ZIP CODE 76101-0007	EFFECTIVE DATE OF CHANGE 2-1-95	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.

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

TYPE OF COMPLETION (More than one may apply)	
<input type="checkbox"/> NEW COMPLETION	<input type="checkbox"/> COMMINGLED COMPLETION
N/A <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 Scurlock Permian	OGCC NO. 68625	
ADDRESS 650 S. Cherry Street Suite 1220		
CITY Denver	STATE CO	ZIP CODE 80222
AREA CODE (303)	PHONE NUMBER 320-3999	DATE OF FIRST PRODUCTION N/A

GAS GATHERER (First Purchaser)		
NAME N/A	OGCC NO.	
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE	PHONE NUMBER	DATE OF FIRST SALE

ROYALTY OWNER		
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL	
<input type="checkbox"/> INDIAN	<input checked="" type="checkbox"/> FEE	
State, Federal or Indian Lease # <u>UPRR Land Grant</u>		
TOTAL ACRES IN LEASE	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup
Unitized Field		<input type="checkbox"/> LayDown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER <u>N/A</u>	
<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 New OGCC Lease Number

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) Wanda Bartell TITLE Regulatory Analyst DATE 1-31-96
SIGNED Wanda Bartell

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY [Signature] TITLE DIRECTOR O & G Cons. Comm DATE APR 02 1996