

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 32490	LEASE NAME Sindt, Arthur	WELL NO 4	API NO 05-075-06603
FIELD NAME & NO Padroni, W ("O" Sand) 67000	COUNTY Logan	LOCATION (1/4, SEC. TWP., RNG) NE NE Sec. 7-9N-52W	
OPERATOR NAME Birch Exploration Limited Liability Company		OGCC OPR NO 8500	AREA CODE PHONE NUMBER (405) 840-1811
OPERATOR ADDRESS 6 N. E. 63rd Street, Suite 425, Santa Fe N. Bldg.		** PREVIOUS OPERATOR Devon Energy Corporation (Nevada)	
CITY Oklahoma City, OK	STATE OK	ZIP CODE 73105	EFFECTIVE DATE OF CHANGE 10-01-93
		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.) "o" Sand	
CURRENT WELL STATUS Prdg	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 Murphy Oil USA, Inc.		OGCC NO 62000	
ADDRESS 1580 Lincoln Street, Suite 1250			
CITY Denver	STATE CO	ZIP CODE 80203	
AREA CODE PHONE NUMBER (303) 863-1161	DATE OF FIRST PRODUCTION 07-01-92		

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 checked="" type="checkbox"/> FEE	
State, Federal or Indian Lease # _____			
TOTAL ACRES IN LEASE 40	ACRES ASSIGNED TO WELL 40	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown	

METHOD OF WATER DISPOSAL	
FACILITY NUMBER Sindt #2WD	
<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) Gregg M. Satherlie TITLE Manager DATE 11/1/93SIGNED Gregg M. Satherlie

THIS SPACE FOR STATE OFFICE USE ONLY

APPROVED BY [Signature] TITLE DIRECTOR DATE SEP 2 1994

O & G Cons. Comm.