



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 | FE | UC | SE |

| | | | |
|---|------------------------------------|---|---|
| OGCC LEASE NO. 32452 | LEASE NAME Dickinson, W.E., Jr. | WELL NO. 3 | API NO. 05-075-06620 |
| FIELD NAME & NO. Padroni W ("O" Sand) 67000 | COUNTY Logan | LOCATION (1/4, SEC, TWP, RANG) SW Sw Sec. 6-9N-52W | |
| OPERATOR NAME Birch Exploration Limited Liability Company | | OGCC OPR. NO. 8500 | AREA CODE (405) PHONE NUMBER 840-1811 |
| OPERATOR ADDRESS 6 NE 63rd Street, Suite 425, Santa Fe N Bldg. | | ** PREVIOUS OPERATOR | |
| CITY Oklahoma City, OK | STATE OK | ZIP CODE 73105 | 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.

PRODUCING FORMATION(S) (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)

"O" Sand

| | |
|----------------------------------|------------------------------------|
| CURRENT WELL STATUS Producing | 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 Frontier Oil & Refining | OGCC NO. 31295 | |
| ADDRESS 5340 S Quebec, Suite 200N | | |
| CITY Englewood, | STATE CO | ZIP CODE 80111 |
| AREA CODE PHONE NUMBER (303) 714-0100 | DATE OF FIRST PRODUCTION 7/1/92 | |

GAS GATHERER (First Purchaser)

| | | |
|----------------------------------|---------------------|----------|
| NAME | OGCC NO. | |
| ADDRESS | | |
| CITY | STATE | ZIP CODE |
| AREA CODE PHONE NUMBER () | DATE OF FIRST SALES | |

ROYALTY OWNER

STATE FEDERAL
 INDIAN 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 Dickinson #4WD

CENTRAL PIT COMMERCIAL PIT
 ON-SITE PIT INJECTION WELL
 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. Satherle TITLE Manager DATE 5/3/96
SIGNED *Gregg M. Satherle*

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY *E. Brubling* TITLE DIRECTOR DATE AUG 20 1996
O & G Cons. Comm.