

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

00511130

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

OGCC LEASE NO. <u>15068</u>		LEASE NAME <u>Colmeno Inc. 34-19</u>		WELL NO. <u>#1</u>	API NO. <u>05-063-6254</u>	
FIELD NAME & NO. <u>Speaker (77825)</u>		COUNTY <u>Kit Carson</u>		LOCATION (1/4, SEC. TWP. RANG.) <u>SW/NE Sec 19-11S-50W</u>		
OPERATOR NAME <u>Union Pacific Resources Company</u>		OGCC OPR. NO. <u>91100</u>		AREA CODE <u>817</u>	PHONE NUMBER <u>877-6530</u>	
OPERATOR ADDRESS <u>PO Box 7 MS 3006</u>		**PREVIOUS OPERATOR				
CITY <u>Fort Worth</u>	STATE <u>TX</u>	ZIP CODE <u>76101-0007</u>	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.

PRODUCING FORMATION(S) (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)	
Morow V-7	
CURRENT WELL STATUS <u>pumping</u>	DATE SHUT IN OR PRODUCTION RESUMED <u>07-18-94</u>

TYPE OF COMPLETION (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 <u>07-20-94</u>	
<u>14</u> Bbls. Oil	<u>0</u> Mcf Gas <u>74</u> Bbls. Wtr

OIL TRANSPORTER (First Purchaser)	
NAME <u>Sinclair Oil Corp.</u>	OGCC NO. <u>79090</u>
ADDRESS <u>1625 Broadway, Suite 800</u>	
CITY <u>Denver</u>	STATE <u>CO</u> ZIP CODE <u>80202</u>
AREA CODE <u>() 303-592-5345</u>	DATE OF FIRST PRODUCTION <u>07-18-94</u>

GAS GATHERER (First Purchaser)	
NAME <u>N/A</u>	OGCC NO. <u>25600</u>
ADDRESS	
CITY	STATE <u>TX</u> ZIP CODE <u>79978</u>
AREA CODE PHONE NUMBER	DATE OF FIRST SALES

ROYALTY OWNER		
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL	
<input type="checkbox"/> INDIAN	<input type="checkbox"/> FEE	
State, Federal or Indian Lease # <u>UPRR Land Grant</u>		
TOTAL ACRES IN LEASE <u>640</u>	ACRES ASSIGNED TO WELL <u>80</u>	<input checked="" type="checkbox"/> Standup <input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input type="checkbox"/> ON-SITE PIT	<input checked="" type="checkbox"/> WELL WELL Disposal
<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 07-29-94SIGNED Cami Minzenmayer

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY [Signature] TITLE DIRECTOR DATE JAN 10 1995
O & G Cons. Comm.