

STATE OF COLORADO
OIL & 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. <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>
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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 07-20-94
14 Bbls. Oil 0 Mcf Gas 74 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>
AREA CODE <u>() 303-592-5345</u>	ZIP CODE <u>80202</u>
DATE OF FIRST PRODUCTION <u>07-18-94</u>	

GAS GATHERER (First Purchaser)

NAME <u>N/A</u>	OGCC NO. <u>26600</u>
ADDRESS	
CITY	STATE <u>TX</u>
AREA CODE	ZIP CODE <u>79978</u>
PHONE NUMBER	DATE OF FIRST SALES

ROYALTY OWNER

STATE FEDERAL
 INDIAN FEE

State, Federal or Indian Lease # UPRR Land Grant

TOTAL ACRES IN LEASE <u>640</u>	ACRES ASSIGNED TO WELL <u>80</u>	<input checked="" type="checkbox"/> Standup <input type="checkbox"/> Laydown
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METHOD OF WATER DISPOSAL

FACILITY NUMBER _____

CENTRAL PIT COMMERCIAL PIT
 ON-SITE PIT ~~INJECTION~~ WELL Disposal
 N/A

Remarks: _____

RECEIVED
AUG 1 - 1994
COLO. OIL & GAS CONS. COMM.

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 07-29-94

SIGNED Cami Minzenmayer

(THIS SPACE FOR STATE OFFICE USE ONLY)

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