

OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

PAID

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AUG 24 1994

COLO. OIL &amp; GAS CONS. COMM.

## CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

OGCC LEASE NO. <b>1698</b>	LEASE NAME <b>Carlson</b>	WELL NO. <b>1</b>	API NO. <b>05-001-7843</b>
FIELD NAME & NO. <b>Intrepid 39310</b>	COUNTY <b>Adams</b>	LOCATION (1/4, SEC, TWP., RNG) <b>NE/4 NW/4 SEC. 22, T3S R61W</b>	
OPERATOR NAME <b>Arlian, Inc.</b>		OGCC OPR. NO. <b>4180</b>	AREA CODE PHONE NUMBER <b>(303) 292-4051</b>
OPERATOR ADDRESS <b>1801 Broadway, Suite 400</b>		** PREVIOUS OPERATOR <b>McCulliss Resources Co., Inc.</b>	
CITY <b>Denver, Colorado 80202</b>	STATE <b>CO</b>	ZIP CODE <b>80202</b>	EFFECTIVE DATE OF CHANGE <b>8-1-94</b>
			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.)

**J Sand JSND**CURRENT WELL STATUS  
**Shut-in**

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 <b>Total Petroleum, Inc.</b>		OGCC NO. <b>89000</b>
ADDRESS <b>P.O. Box 500</b>		
CITY <b>Denver</b>	STATE <b>CO</b>	ZIP CODE <b>80201</b>
AREA CODE PHONE NUMBER <b>(303) 291-2000</b>	DATE OF FIRST PRODUCTION <b>7/7/81</b>	

## 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 <b>160</b>	ACRES ASSIGNED TO WELL <b>160 40</b>	<input 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  
☐ 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) **Michael B. Segura** TITLE **Landman** DATE **8/19/94**  
SIGNED *Michael B. Segura*

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY *[Signature]* TITLE **DIRECTOR** **O & G Cons. Comm.** DATE **OCT 12 1994**