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OGCC FORM 10
Rev. 8/89 DEC 27 1990

COLO. OIL & GAS CONS. COMM.

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. 28424		LEASE NAME Mathewson		WELL NO. 32-12	API NO. 05 075 8251
FIELD NAME & NO. Cottonwood 12400		COUNTY Logan	LOCATION (Q-Q SEC. TWP., RNG) S₂NE₄ N₂SE₂ SW₂ Sec. 12-9N-55W C SWNE		
OPERATOR NAME Donnelly Casing Pulling Co.			OGCC OPR. NO. 24775	AREA CODE (303)	PHONE NUMBER 522-1410
OPERATOR ADDRESS Box 791			** PREVIOUS OPERATOR Prenalta Corporation		
CITY Sterling	STATE CO	ZIP CODE 80751	EFFECTIVE DATE OF CHANGE 11/01/90	NEW OPERATOR BOND STATUS <input type="checkbox"/> BLANKET <input checked="" 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" 2 Sand	
CURRENT WELL STATUS Shut-in	DATE SHUT IN OR PRODUCTION RESUMED 11-01-90

TYPE OF COMPLETION (More than one may apply)	
<input 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 _____ _____ Bbls. Oil _____ Mcf Gas _____ Bbls. Wtr.	

OIL TRANSPORTER (First Purchaser)		
NAME Permian	OGCC NO. 68625	
ADDRESS Box 1183		
CITY Houston,	STATE TX	ZIP CODE 77251-1183
AREA CODE (713)	PHONE NUMBER 787-2500	DATE OF FIRST PRODUCTION

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 320	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input checked="" type="checkbox"/> ON-SITE PIT	<input 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) **Robert Donnelly** TITLE **Owner** DATE **12-26-90**
SIGNED *Robert Donnelly* (ds)

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY *Dennis R. Bicknell* TITLE **DIRECTOR**
O & G Cons. Comm. DATE **MAR 29 1991**