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

COLO. OIL & GAS CONS. COMM.

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. 3006	LEASE NAME Downing "B"	WELL NO. #1	API NO. 05 001 8201
FIELD NAME & NO. Noonen Ranch #02964	COUNTY Adams	LOCATION (1/4, SEC, TWP., RNG) NE NW 24-T3S-R59W	
OPERATOR NAME Walsh Production, Inc.		OGCC OPR. NO. 94090	AREA CODE PHONE NUMBER (303) 522-1839
OPERATOR ADDRESS P. O. Box 30		** PREVIOUS OPERATOR Coral Production Corporation	
CITY Sterling	STATE CO	ZIP CODE 80751	EFFECTIVE DATE OF CHANGE 4-01-90
			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	
CURRENT WELL STATUS Producing	DATE SHUT IN OR PRODUCTION RESUMED

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 Unocal	OGCC NO. 91000	
ADDRESS 410 17th Street		
CITY Denver	STATE CO	ZIP CODE 80202
AREA CODE PHONE NUMBER (303) 623-1776	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	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) David G. Walsh TITLE Operator DATE 4-16-90
SIGNED David G. Walsh

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY Dennis Bicknell TITLE DIRECTOR O & G Cons. Comm. DATE APR 20 1990