



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

RECEIVED

MAR 30 1993

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY
ET FE UC SE

| | | | |
|---|---------------------------|---|---|
| OGCC LEASE NO. 03006 | LEASE NAME Downing "B" | WELL NO. 1 | API NO. 05 001 8201 |
| FIELD NAME & NO. Noonen Ranch 60000 | COUNTY Adams | LOCATION (1/4, SEC, TWP., RNG) NE NW Sec. 24-T3S-759W | |
| OPERATOR NAME Walsh Production, Inc. | | OGCC OPR. NO. 94090 | AREA CODE PHONE NUMBER (303) 522-1839 |
| OPERATOR ADDRESS P. O. Box 30 | | ** PREVIOUS OPERATOR | |
| CITY Sterling | STATE CO | ZIP CODE 80751 | EFFECTIVE DATE OF CHANGE 3-1-93 |
| | | NEW OPERATOR BOND STATUS <input 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)

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 Texaco Trading & Transportation | OGCC NO. 33940 | |
| ADDRESS P. O. Box 5568 T. A. | | |
| CITY Denver | STATE CO | ZIP CODE 80202 |
| AREA CODE PHONE NUMBER (303) 861-4475 | 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

STATE FEDERAL
 INDIAN 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 _____

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) David G. Walsh TITLE Operator DATE 3-22-93

SIGNED David G. Walsh

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY _____ TITLE _____ DATE _____

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

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CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR
(Please submit original and 3 copies per well)

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|---|-------------|---------------------------|--|---|--------------------------|
| OGCC LEASE NO. 03006 | | LEASE NAME Downing "B" | | WELL NO. 1 | API NO. 05 001 8201 |
| FIELD NAME & NO. Noonen Ranch 60000 | | COUNTY Adams | LOCATION (1/4, SEC, TWP., RNG) NE NW Sec. 24-T3S-459W | | |
| OPERATOR NAME Walsh Production, Inc. | | | OGCC OPR. NO. 94090 | AREA CODE (303) | PHONE NUMBER 522-1839 |
| OPERATOR ADDRESS P. O. Box 30 | | | ** PREVIOUS OPERATOR | | |
| CITY Sterling | STATE CO | ZIP CODE 80751 | EFFECTIVE DATE OF CHANGE 3-1-93 | NEW OPERATOR BOND STATUS <input type="checkbox"/> BLANKET <input type="checkbox"/> SINGLE <input type="checkbox"/> RIDER | |

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 RECOMPLETION MULTIPLE COMPLETION

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_____ Bbls. Oil _____ Mcf Gas _____ Bbls. Wtr.

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| ADDRESS P. O. Box 5568 T. A. | | |
| CITY Denver | STATE CO | ZIP CODE 80202 |
| AREA CODE (303) | PHONE NUMBER 861-4475 | 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

STATE FEDERAL
 INDIAN FEE

State, Federal or Indian Lease # _____

| | | |
|----------------------|------------------------|--|
| TOTAL ACRES IN LEASE | ACRES ASSIGNED TO WELL | <input type="checkbox"/> Standup <input type="checkbox"/> Laydown |
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METHOD OF WATER DISPOSAL

FACILITY NUMBER _____

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 ON-SITE PIT INJECTION WELL
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Remarks: _____

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NAME (PRINT) David G. Walsh TITLE Operator DATE 3-22-93

SIGNED David G. Walsh

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MAR 30 1993

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| OPERATOR ADDRESS P. O. Box 30 | | ** PREVIOUS OPERATOR | |
| CITY Sterling | STATE CO | ZIP CODE 80751 | EFFECTIVE DATE OF CHANGE 3-1-93 |
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| 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. |

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| ADDRESS P. O. Box 5568 T. A. | | |
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| AREA CODE PHONE NUMBER (303) 861-4475 | DATE OF FIRST PRODUCTION | |

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| 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 |

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| <input type="checkbox"/> ON-SITE PIT | <input type="checkbox"/> INJECTION WELL |
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| CITY | STATE | ZIP CODE |
| AREA CODE PHONE NUMBER () | DATE OF FIRST SALES | |

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