



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



CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original & 3 copies per well)



*OGCC LEASE NO. 13357				LEASE NAME BLEVINS A		WELL NO. 5		API NO. 05-057-05073	
FIELD NAME CANADIAN RIVER		FIELD NO. 10100		COUNTY JACKSON		LOCATION (OO, SEC, TWP, RNG) NESW SEC 11 T9N R78W			
OPERATOR NAME TOM BROWN, INC.				OGCC OPR. NO. 11050		AREA CODE / PHONE NUMBER 915-682-9715			
OPERATOR ADDRESS 508 W. WALL				**PREVIOUS OPERATOR					
CITY MIDLAND		STATE TX		ZIP CODE 79701		EFFECTIVE CHANGE DATE		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.)
FORMATION(S): **DK-LK**

CURRENT WELL STATUS: **SI**

DATE SHUT IN OR PRODUCTION RESUMED: **** 5-1-95**

TYPE OF COMPLETION
(More than one may apply.)

NEW COMPLETION COMINGLED COMPLETION
 RECOMPLETION MULTIPLE COMPLETION

New Well Test Data on 24 hr. Basis; Test Date: _____
Bbls Oil _____ MCF Gas _____ Bbls. Water _____

OIL TRANSPORTER (First Purchaser)

NAME _____ OGCC NO. _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AREA CODE / PHONE NO. _____ DATE OF FIRST PRODUCTION _____

GAS GATHERER (First Purchaser)

NAME **Rocky Mtn Natural Gas Company** OGCC NO. **74900**

ADDRESS **P.O. Box 281304**

CITY **Lakewood** STATE **CO** ZIP CODE **80228-8304**

AREA CODE / PHONE NO. **(303)989-1740** DATE OF FIRST SALES **1/1/57**

ROYALTY OWNER

STATE FEDERAL FEE
 INDIAN

State, Federal or Indian Lease #: _____

TOTAL ACRES IN LEASE **800** ACRES ASSIGNED TO WELL _____ STANDUP LAYDOWN _____

METHOD OF WATER DISPOSAL

FACILITY NUMBER _____

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

Remarks: **** Exact date well was shut in is unknown, but was prior to 5/95.**

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: Carol Criss TITLE: Engineering Technician DATE: 04/26/96

SIGNED: Carol Criss

(THIS SPACE FOR STATE OFFICE USE ONLY)
APPROVED BY: [Signature]

TITLE: DIRECTOR DATE: MAY 22 1996
O & G Cons. Comm