

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)

OGCC LEASE NO 13889	LEASE NAME Dawson	WELL NO 5	API NO 05-061-06104
FIELD NAME & NO Brandon - 07500	COUNTY Kiowa	LOCATION ( . . SEC. TWP. RNG) NE NE Section 8-T19S-R45W	
OPERATOR NAME Western Operating Company		OGCC OPR NO 95620	AREA CODE PHONE NUMBER (303) 893-2438
OPERATOR ADDRESS 518 17th Street, Suite 1680		** PREVIOUS OPERATOR Whiting Petroleum Corporation	
CITY Denver	STATE CO	ZIP CODE 80202	EFFECTIVE DATE OF CHANGE August 1, 1994
		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.

<b>PRODUCING FORMATION(S)</b> (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.) Missippian	
CURRENT WELL STATUS T.A.	DATE SHUT IN OR PRODUCTION RESUMED

<b>TYPE OF COMPLETION</b> (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	

<b>OIL TRANSPORTER (First Purchaser)</b>		
NAME Diamond Shamrock	OGCC NO 24200	
ADDRESS PO Box 696000		
CITY San Antonio	STATE TX	ZIP CODE 78269-6000
AREA CODE PHONE NUMBER ( )	DATE OF FIRST PRODUCTION	

<b>GAS GATHERER (First Purchaser)</b>		
NAME N/A	OGCC NO	
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ( )	DATE OF FIRST SALES	

<b>ROYALTY OWNER</b>		
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL	
<input type="checkbox"/> INDIAN	<input type="checkbox"/> FEE	
State, Federal or Indian Lease # _____		
TOTAL ACRES IN LEASE 1,043 <del>880</del>	ACRES ASSIGNED TO WELL 80	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

<b>METHOD OF WATER DISPOSAL</b>	
FACILITY NUMBER: 25	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input type="checkbox"/> ON-SITE PIT	<input checked="" 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 H. James TITLE President DATE 07/21/94SIGNED David H. James

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY B. T. Brubaker TITLE DIRECTOR DATE DEC 21 1994

&amp; G Cons. Comm.