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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. 10670	LEASE NAME Erie Eight "E" Unit	WELL NO. 1	API NO. 05-013-6193
FIELD NAME & NO. Wattenberg 90750	COUNTY Boulder	LOCATION (1/4, SEC, TWP., RNG) SESE Section 24-T1N-R69W	
OPERATOR NAME Vessels Oil & Gas Company		OGCC OPR. NO. 93200	AREA CODE PHONE NUMBER (303) 825-3500
OPERATOR ADDRESS 1050 17th Street, Suite 2000		** PREVIOUS OPERATOR	
CITY Denver	STATE Colorado	ZIP CODE 80265	EFFECTIVE DATE OF CHANGE 1-1-91
		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	
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 Eighty-Eight Oil Company	OGCC NO. 26555	
ADDRESS 895 W. River Cross Rd., Box 2360		
CITY Casper	STATE Wyoming	ZIP CODE 82602
AREA CODE PHONE NUMBER ( )	DATE OF FIRST PRODUCTION	

GAS GATHERER (First Purchaser)		
NAME SAME - NO CHANGE	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 320	<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 type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> N/A	

Remarks: CHANGE OF OIL PURCHASER ONLY

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) Polly Durden TITLE Production Technician DATE 1-15-91

SIGNED Polly Durden

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY Dennis Bicknell TITLE DIRECTOR DATE MAR 11 1991  
O & G Cons. Comm.