



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

FOR OFFICE USE ONLY			
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CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR
(Please Submit Four (4) Copies)

* OGCC LEASE NO. 13851	LEASE NAME NW Brandon Unit	WELL NO. #4	API NO. 05-061-06018
FIELD NAME & NO. Brandon - 07500	COUNTY Kiowa	LOCATION (1/4 1/4, SEC, TWP., RNG.) SW NW Sec. 4 T19S-R45W	
OPERATOR NAME Park Oil & Gas, Inc.		OGCC OPR. NO. 67240	AREA CODE PHONE NUMBER (504) 454-1090
OPERATOR ADDRESS 4415 Shores Drive		CITY Metairie	STATE ZIP CODE LA 70006
** PREVIOUS OPERATOR Inexco Oil Company		CURRENT STATUS S.I.	EFFECTIVE DATE OF CHANGE April 1, 1989

*Complete only if this well is part of a previously producing lease.

**Complete only if change of operator.

PRODUCING FORMATION(S) (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)
Mississippian

TYPE OF COMPLETION
 NEW COMPLETION COMMINGLED COMPLETION
 RECOMPLETION MULTIPLE COMPLETION
New Well Test Data on 24 hr. Basis:
 _____ Bbls. Oil _____ Mcf Gas _____ Bbls. Wtr.

OIL TRANSPORTER (Purchaser)

NAME Diamond Shamrock	OGCC NO. 24200
ADDRESS P. O. Box 69600	
CITY San Antonio	STATE ZIP CODE TX 78269-6000
AREA CODE PHONE NUMBER ()	DATE OF FIRST PRODUCTION 10/21/67

GAS GATHERER (Purchaser)

NAME N/A	OGCC NO.
ADDRESS	
CITY	STATE ZIP CODE
AREA CODE PHONE NUMBER ()	DATE OF FIRST SALES

ROYALTY OWNER

STATE FEDERAL
 INDIAN PATENTED

NUMBER OF ACRES IN LEASE

METHOD OF WATER DISPOSAL

CENTRAL PIT COMMERCIAL PIT
 ON-SITE PIT INJECTED
 N/A

Remarks: _____

RECEIVED
JUN 29 1989

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 oil and/or gas produced from the above described well and that this authorization will be valid until further notice to the transporter named here or until cancelled by the Colorado Oil and Gas Conservation Commission.

OGCC Approved:

William R. Smith
Signature
DIRECTOR
Title
O & G Cons. Control

Geoffrey Prince
Name (Please Print)
Geoffrey Prince
Signature
Professional Assistant
Title
 6/14/89
Date

JUL 12 1989
Date