

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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			MP

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, SEC, TWP., RNG) SW NW Sec 4-T19S-R45W
OPERATOR NAME Whiting Petroleum Corporation		OGCC OPR. NO. 96155	AREA CODE PHONE NUMBER (303) 837-1661
OPERATOR ADDRESS 1700 Broadway, Suite 2300		** PREVIOUS OPERATOR Park Oil & Gas, Inc.	
CITY Denver	STATE Colorado	ZIP CODE 80290	EFFECTIVE DATE OF CHANGE 12/1/90
			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.) Mississippian	
CURRENT WELL STATUS S.I. TA	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 Diamond Shamrock		OGCC NO. 24200	
ADDRESS P. O. Box 696000			
CITY San Antonio	STATE TX	ZIP CODE 78269-6000	
AREA CODE PHONE NUMBER ()	DATE OF FIRST PRODUCTION		

GAS GATHERER (First Purchaser)		
NAME N/A		OGCC NO.
ADDRESS RECEIVED		
CITY	STATE JAN 24 1991	ZIP CODE
AREA CODE PHONE NUMBER ()	DATE OF FIRST SALES	

COLO. OIL & GAS CONS. COMM.

ROYALTY OWNER			
<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 160	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup	<input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
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	

STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS.

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) Etta Daniel TITLE Regulatory/Production Records Supervisor DATE 1/15/91
SIGNED *Etta Daniel*

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY *Dennis Bicknell* TITLE DIRECTOR DATE APR 01 1991
O & G Cons. Comm.