

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. 13794	LEASE NAME Pyles	WELL NO. 3	API NO. 05-061-06154
FIELD NAME & NO. Brandon - 07500	COUNTY Kiowa	LOCATION (1/4, SEC, TWP., RNG) NW NW Sec 10 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.	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		
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 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	

Remarks:

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

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 R. Bicknell TITLE _____

DIRECTOR
O & G Cons. Comm.

DATE APR 01 1991