



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 13851	LEASE NAME NW Bradon Unit aka Dawson #3	WELL NO 7	API NO 05-061-06037
FIELD NAME & NO Brandon - 07500		COUNTY Kiowa	LOCATION (. . SEC. TWP. RNG) SW SW Section 4-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.

PRODUCING FORMATION(S) (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.) Missippian	
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 PO 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 1042	ACRES ASSIGNED TO WELL 80	<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: ~~Insufficient copies of this form were submitted. Please be advised that you should mail a copy of this approved from to your transporter and/or gatherer.~~

The undersigned certifies that the rules and regulations except as noted above and that the transporter(s) is (are) authorized to be valid until further notice to the transporter and/or gatherer.

NAME (PRINT) David H. James
SIGNED *David H. James*
DATE 7/21/94

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY *[Signature]* TITLE DIRECTOR
O & G Cons. Comm DATE DEC 21 1994