



MISSION
DEPARTMENT OF NATURAL RESOURCES

FOR OFFICE USE ONLY			
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			MP

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR
(Please Submit Four (4) Copies)

OGCC LEASE NO. 13851	LEASE NAME NW Brandon Unit	WELL NO. #5	API NO. 05-061-060450
FIELD NAME & NO. Brandon - 07500		COUNTY Kiowa	LOCATION (1/4, SEC, TWP., RNG.) NE SE Sec. 5 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 696000		
CITY San Antonio	STATE TX	ZIP CODE 78269-6000
AREA CODE PHONE NUMBER ()	DATE OF FIRST PRODUCTION 11/4/68	

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

RECEIVED

Remarks:

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 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.

OGCC Approved:

William R. Smith
Signature



DIRECTOR

Title **O & G Cons. Comm.**

JUL 12 1989

Date

Geoffrey Prince

Name (Please Print)

Signature

Professional Assistant

Title

6/14/89

Date