

State of Colorado
Oil and Gas Conservation Commission

DEPARTMENT OF NATURAL RESOURCES



FOR OGCC USE ONLY

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

Submit original plus as many copies as the number of wells plus five (5) additional copies. Use Page 2 of Form 10 for multiple wells changing from the same operator to the new operator or when the "Change of Transporter/Gatherer" on multiple wells are the same. This form is not to be used for Well Name changes or Status changes. A separate FORM 10 must be submitted for each new completion and a FORM 10 for each producing formation of a Multiple Completion. It is the Operator's responsibility to mail approved copies to the new Transporter and/or Gatherer for each well listed.



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Operator Bond Status

- ☒ Blanket
☐ Individual

OGCC Operator Number: 4180

Contact Name & Phone

Name of Operator: Arlian, Inc.

Bridget Connors

Address: 1801 Broadway, Suite 400

No: 292-4051

City: Denver

State: CO

Zip: 80202

Fax: 292-1734

☒ Change of Operator

Effective Date: January 1, 1997

☒ Change of Transporter or Gatherer

Effective Date: January 1, 1997

Complete This Section For a New or Individual Well.

OGCC Lease No: 54853		API Number: 05- 121-09657- 5439	
Well Name and Number: West Fork #17		Field Name and Number: Westfork (J) 911283350	
Location (QtrQtr, Sec, Twp, Rng, Meridian): NW/4NW/4 30-T3S-R55W, 6th		Acres in Lease: 1080	
Acres Assigned to Well 40	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown	Royalty Owner: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Indian	State, Federal or Indian Lease No:
Method of Water Disposal Facility and/or Pit Number: <input type="checkbox"/> Central Pit <input checked="" type="checkbox"/> On-site Pit		<input type="checkbox"/> Commercial Pit <input type="checkbox"/> Injection Well <input type="checkbox"/> NA	
Producing Formation(s): J Sand		Recompletion? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Current Well Status: Producing		Date Shut In or Production Resumed:	
Multiple Well Lease? <input checked="" type="checkbox"/> N <input type="checkbox"/> Y If yes, interests must be common. If existing OGCC lease, lease no: _____			

OIL TRANSPORTER			GAS GATHERER		
Name of Oil Transporter Total Petroleum, Inc.		OGCC Operator No. 89000	Name of Gas Gatherer		OGCC Operator No.
Address P.O. Box 500			Address		
City Denver	State CO	Zip 80201	City	State	Zip
Area Code (303)	Phone Number 291-2000	Date of First Production This Formation 1/4/89	Area Code ()	Phone Number	Date of First Sales This Formation

If Multiple Transporter or Gatherer, Complete the Following:

OIL TRANSPORTER			GAS GATHERER		
Name of Oil Transporter		OGCC Operator No.	Name of Gas Gatherer		OGCC Operator No.
Address			Address		
City	State	Zip	City	State	Zip
Area Code ()	Phone Number	Date of First Production This Formation	Area Code ()	Phone Number	Date of First Sales This Formation

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.

Buyer or Current Operator's Signature 		Seller's Signature 	
Name of Operator Arlian, Inc.		Name of Operator H & R Well Services, Inc.	
Title President	Date January 16, 1997	Title President	Date 1-17-97

OGCC Approved:

Title:

DIRECTOR

Date:

MAR 04 1997