

OGCC FORM
Rev. 8/89

00063752

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. 46531 | LEASE NAME Tranco | WELL NO. 4 | API NO. 05103063752 |
| FIELD NAME & NO. South Rangely | COUNTY Rio Blanco | LOCATION (1/4, SEC, TWP., RNG) NE NESE-12, IN-102W | |
| OPERATOR NAME Twin Arrow, Inc. ✓ | OGCC OPR. NO. 90700 | AREA CODE (303) | PHONE NUMBER 675-8226 |
| OPERATOR ADDRESS P.O. Box 948 | ** PREVIOUS OPERATOR Peacock Oil Company | | |
| CITY Rangely | STATE CO | ZIP CODE 81648 | EFFECTIVE DATE OF CHANGE 9/1/93 |
| | | | 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.)

MancoS

| | |
|----------------------------|------------------------------------|
| CURRENT WELL STATUS GSI | DATE SHUT IN OR PRODUCTION RESUMED |
|----------------------------|------------------------------------|

TYPE OF COMPLETION (More than one may apply)

- ☐ NEW COMPLETION ☐ COMMINGLED COMPLETION
☐ RECOMPLETION ☐ MULTIPLE COMPLETION

New Well Test Data on 24 hr. Basis: Test Date _____
_____ Bbls. Oil _____ Mcf Gas _____ Bbls. Wtr.

OIL TRANSPORTER (First Purchaser)

| | |
|---------------------------|--------------------------|
| NAME Eott Energy Corp. | OGCC NO. |
| ADDRESS P.O. Box 46666 | |
| CITY Houston | STATE TX |
| AREA CODE 713 | PHONE NUMBER 993-5414 |
| DATE OF FIRST PRODUCTION | ZIP CODE 77210-46666 |

Purchaser takes effect 10/1/93

GAS GATHERER (First Purchaser)

| | |
|---------------------|--------------|
| NAME | OGCC NO. |
| ADDRESS | |
| CITY | STATE |
| AREA CODE | PHONE NUMBER |
| DATE OF FIRST SALES | ZIP CODE |

ROYALTY OWNER

- ☐ STATE ☒ FEDERAL
☐ INDIAN ☐ FEE

State, Federal or Indian Lease # _____

| | | |
|-----------------------------|-------------------------------|--|
| TOTAL ACRES IN LEASE 160 | ACRES ASSIGNED TO WELL 405 | <input type="checkbox"/> Standup <input type="checkbox"/> Laydown |
|-----------------------------|-------------------------------|--|

METHOD OF WATER DISPOSAL

- FACILITY NUMBER _____
☐ CENTRAL PIT ☒ COMMERCIAL PIT
☐ ON-SITE PIT ☐ INJECTION WELL
☐ N/A

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) Linda C Gordon TITLE Office Manager DATE 9/20/93

SIGNED Linda C Gordon

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY

TITLE

DIRECTOR

O & G Cons. Comm.

DATE FEB 03 1995