



00062622

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 99999	LEASE NAME BUCKSKIN MESA UNIT	WELL NO 43-26	API NO 05-103-9748000
FIELD NAME & NO POWELL PARK	COUNTY RIO BLANCO	LOCATION (Q-Q SEC. TWP. RNG) NESE Section 26-001N-095W	
OPERATOR NAME BURLINGTON RESOURCES OIL & GAS CO.		OGCC OPR NO 26580	AREA CODE (915)
OPERATOR ADDRESS 3300 N. "A" STREET, BLDG 6		PHONE NUMBER 688-6800	
CITY MIDLAND		STATE TX	
ZIP CODE 79705		EFFECTIVE DATE OF CHANGE 7/11/96	
NEW OPERATOR BOND STATUS <input type="checkbox"/> BLANKET <input type="checkbox"/> SINGLE <input type="checkbox"/> RIDER		** PREVIOUS OPERATOR MERIDIAN OIL INC.	

* 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).		TYPE OF COMPLETION (No more than one may apply)	
<input type="checkbox"/> NEW COMPLETION		<input type="checkbox"/> COMMINGLED COMPLETION	
<input type="checkbox"/> RECOMPLETION		<input type="checkbox"/> MULTIPLE COMPLETION	
CURRENT WELL STATUS	DATE SHUT-IN OR PRODUCTION RESUMED	New Well Test Data on 24 hr. Basis: Test Date _____	
		Bbls. Oil _____ Mcf Gas _____ Bbls Wtr. _____	

OIL TRANSPORTER (First Purchaser)			GAS GATHERER (First Purchaser)		
NAME	OGCC NO.		NAME	OGCC NO.	
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
AREA CODE	PHONE NUMBER	DATE OF FIRST PRODUCTION	AREA CODE	PHONE NUMBER	DATE OF FIRST SALES
()	()		()	()	

ROYALTY OWNER			METHOD OF WATER DISPOSAL		
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL		FACILITY NUMBER _____		
<input type="checkbox"/> INDIAN	<input type="checkbox"/> FEE		<input type="checkbox"/> CENTRAL PIT		
State, Federal or Indian Lease # _____			<input type="checkbox"/> COMMERCIAL PIT		
			<input type="checkbox"/> ON-SITE PIT		
			<input type="checkbox"/> INJECTION WELL		
			<input type="checkbox"/> N/A		
TOTAL ACRES IN LEASE	ACRES ASSIGNED TO WELL	<input type="checkbox"/> STANDUP			
		<input type="checkbox"/> LAYDOWN			

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 canceled by the Colorado Oil and Gas Conservation Commission.

NAME (PRINT)
EILEEN D. DEYTITLE
REGULATORY COMPLIANCE ADMINISTRATORDATE
9/13/96

SIGNED:

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY

TITLE

DATE