



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)

STATE OFFICE USE ONLY
ET [] FE [] UC [] SE []

| | | | | | |
|--|--------------------|------------------------------|--|--|------------------------------|
| *OGCC LEASE NO 48281 | | LEASE NAME Peltier | | WELL NO. 1-11 | API NO 05-107-6082 |
| FIELD NAME & NO Bear River 5950 | | COUNTY Routt | LOCATION (QA SEC. TWP. RNG) Surface SE SW 11, T6N-R87W | | |
| OPERATOR NAME Markus Production, Inc. | | | OGCC OPR. NO. 53790 | AREA CODE PHONE NUMBER (303) 830-0998 | |
| OPERATOR ADDRESS 1776 Lincoln St., Suite 410 | | | ** PREVIOUS OPERATOR Credo Petroleum Corporation | | |
| CITY Denver | STATE CO | ZIP CODE 80203 | EFFECTIVE DATE OF CHANGE 4/1/95 | 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.)

Niobrara

| | |
|---|------------------------------------|
| CURRENT WELL STATUS Producing | 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 Operating Limited Partnership | | OGCC NO. 66577 |
| ADDRESS P.O. Box 4666 | | |
| CITY Houston | STATE TX | ZIP CODE 77210-4666 |
| AREA CODE PHONE NUMBER (713) 993-5900 | DATE OF FIRST PRODUCTION | |

GAS GATHERER (First Purchaser)

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

ROYALTY OWNER

STATE FEDERAL
 INDIAN FEE

State, Federal or Indian Lease # _____

| | | |
|---------------------------------------|-------------------------------------|--|
| TOTAL ACRES IN LEASE 600-40 | ACRES ASSIGNED TO WELL 40 | <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) Mark E. Brown TITLE President DATE 3/23/95
SIGNED [Signature]

(THIS SPACE FOR STATE OFFICE USE ONLY)
APPROVED BY [Signature] TITLE DIRECTOR DATE APR 27 1995
O & G Cons. Comm