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OGCC FORM 10  
Rev. 8/89

OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES



COLO. OIL & GAS CONSERVATION COMMISSION

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY  
[ ] [ ] [ ] [ ]

*OGCC LEASE NO <b>48281</b>		LEASE NAME <b>Peltier</b>		WELL NO. <b>1-11</b>	API NO. <b>05-107-6082</b>
FIELD NAME & NO. <b>Beard River 5950</b>		COUNTY <b>ROUITT</b>		LOCATION (0-0 SEC. TWP., RNG) <b>SURFACE SE SW, T6N-R87W</b>	
OPERATOR NAME <b>LEBKULICH OIL</b>		OGCC OPR. NO. <b>50765</b>		AREA CODE PHONE NUMBER <b>( )</b>	
OPERATOR ADDRESS <b>Box 446</b>		CITY <b>CRAIG, COLO</b>		STATE <b>81625</b>	
CITY		STATE		ZIP CODE	
EFFECTIVE DATE OF CHANGE <b>7-1-95</b>		** PREVIOUS OPERATOR <b>MARKUS Production INC</b>		NEW OPERATOR BOND STATUS <input type="checkbox"/> BLANKET <input checked="" 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 <b>Producing</b>	DATE SHUT IN OR PRODUCTION RESUMED
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**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 <b>EOTT Energy operating Limited Partnership</b>	OGCC NO. <b>66577</b>
ADDRESS <b>P.O. Box 4666</b>	
CITY <b>Houston</b>	STATE <b>TX</b>
AREA CODE PHONE NUMBER <b>(713) 993-5900</b>	ZIP CODE <b>77210-4666</b>
DATE OF FIRST PRODUCTION	

**GAS GATHERER (First Purchaser)** **N/A**

NAME	OGCC NO.
ADDRESS	
CITY	STATE
AREA CODE PHONE NUMBER <b>( )</b>	ZIP CODE
DATE OF FIRST SALES	

**ROYALTY OWNER**

STATE  FEDERAL  
 INDIAN  FEE

State, Federal or Indian Lease # \_\_\_\_\_

TOTAL ACRES IN LEASE <b>40</b>	ACRES ASSIGNED TO WELL <b>40</b>	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown
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**METHOD OF WATER DISPOSAL**

FACILITY NUMBER **N/A**

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) **FRANK LEBKULICH** TITLE **OWNER** DATE **7/24/95**  
 SIGNED **Frank Lebkulich**

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY **[Signature]** TITLE **DIRECTOR O & G Cons. Comm.** DATE **SEP 29 1995**