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COLO. OIL & GAS CONS. COMM.

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
FILE UC SEC

*OGCC LEASE NO 48281	LEASE NAME Peltier	WELL NO. 1-11	API NO. 05-107-6082
FIELD NAME & NO. BEAR RIVER 5950		COUNTY ROUIT	LOCATION (O-G SEC, TWP., RNG) SURFACE SE SW, T6N-R87W
OPERATOR NAME LEBKULICH OIL		OGCC OPR. NO. 50765	AREA CODE PHONE NUMBER ()
OPERATOR ADDRESS BOX 446		** PREVIOUS OPERATOR MARKUS PRODUCTION INC	
CITY CRAIG, COLO	STATE 81625	ZIP CODE 7-1-95	EFFECTIVE DATE OF CHANGE 7-1-95
		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.)	
CURRENT WELL STATUS Producing	DATE SHUT IN OR PRODUCTION RESUMED

TYPE OF COMPLETION (More than one may apply)	
<input type="checkbox"/> NEW COMPLETION	<input type="checkbox"/> COMMINGLED COMPLETION
<input type="checkbox"/> RECOMPLETION	<input type="checkbox"/> 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	DATE OF FIRST PRODUCTION
AREA CODE PHONE NUMBER (713) 993-5900	

GAS GATHERER (First Purchaser)	
NAME N/A	OGCC NO.
ADDRESS	
CITY	STATE
ZIP CODE	
AREA CODE PHONE NUMBER ()	DATE OF FIRST SALES

ROYALTY OWNER	
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL
<input type="checkbox"/> INDIAN	<input checked="" type="checkbox"/> FEE
State, Federal or Indian Lease # _____	
TOTAL ACRES IN LEASE 40	ACRES ASSIGNED TO WELL 40
<input type="checkbox"/> Standup	<input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER N/A	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> 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

B. Brubling

TITLE

DIRECTOR
O & G Cons. Comm.DATE **SEP 29 1995**