



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			
BY	FE	UC	SE

OGCC LEASE NO. <b>43928</b>	LEASE NAME <b>Forbes Marick</b>	WELL NO. <b>4</b>	API NO. <b>05-087-05765</b>
FIELD NAME & NO. <b>Zorichak 99000</b>	COUNTY <b>Morgan</b>	LOCATION (1/4, SEC, TWP., RNG) <b>NWNW (660' FNL+ 642' FWL) Sec. 15, T2N, R55W</b>	
OPERATOR NAME <b>Berenergy Corporation</b>		OGCC OPR. NO. <b>07810</b>	AREA CODE PHONE NUMBER <b>(303) 295-2323</b>
OPERATOR ADDRESS <b>P.O. Box 5850</b>		** PREVIOUS OPERATOR <b>OKmat Oil Company</b>	
CITY <b>Denver</b>	STATE <b>Colorado</b>	ZIP CODE <b>80217</b>	EFFECTIVE DATE OF CHANGE <b>January 1, 1991</b>
			NEW OPERATOR/BOND STATUS <input 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.

<b>PRODUCING FORMATION(S)</b> (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)	
<b>"D" Sand</b>	
CURRENT WELL STATUS <b>TA</b>	DATE SHUT IN OR PRODUCTION RESUMED <b>1977</b>

<b>TYPE OF COMPLETION</b> (More than one may apply)
<input type="checkbox"/> NEW COMPLETION <input type="checkbox"/> COMMINGLED COMPLETION
<input type="checkbox"/> RECOMPLETION <input type="checkbox"/> MULTIPLE COMPLETION
<b>New Well Test Data on 24 hr. Basis:</b> Test Date _____ _____ Bbls. Oil _____ Mcf Gas _____ Bbls. Wtr.

<b>OIL TRANSPORTER (First Purchaser)</b>			
NAME <b>N/A</b>		OGCC NO.	
ADDRESS			
CITY	STATE	ZIP CODE	
AREA CODE	PHONE NUMBER	DATE OF FIRST PRODUCTION	
( )			

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

**RECEIVED**  
**FEB 14 1991**

<b>ROYALTY OWNER</b>		
<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	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

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

Remarks: \_\_\_\_\_

**COLO. OIL & GAS CONS. COMM.**

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 NIEBUR COOL TITLE Engineering Assistant DATE Feb. 15, 1991  
SIGNED Linda Niebur Cool

(THIS SPACE FOR STATE OFFICE USE ONLY)  
APPROVED BY Dennis Bicknell TITLE DIRECTOR DATE MAR 27 1991  
O & G Cons. Comm.