



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

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

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 N/A	OGCC NO.	
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ()	DATE OF FIRST PRODUCTION	

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

RECEIVED
FEB 14 1991

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

METHOD OF WATER DISPOSAL	
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: _____

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 R. Bicknell TITLE DIRECTOR DATE MAR 27 1991

O & G Cons. Comm.