



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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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

OGCC LEASE NO. 28044	LEASE NAME G. A. HENDERSON	WELL NO. 4	API NO. 05-075-06523
FIELD NAME & NO. CEDAR CREEK - 10400	COUNTY LOGAN	LOCATION (1/4, SEC, TWP., RNG) NE SE NW SEC. 18 9N 53W	
OPERATOR NAME WALSH PRODUCTION, INC.		OGCC OPR. NO. 94090	AREA CODE PHONE NUMBER (303) 522-1839
OPERATOR ADDRESS P. O. BOX 30		** PREVIOUS OPERATOR TEXACO EXPLORATION AND PRODUCTION INC. 86900	
CITY STERLING, COLORADO	STATE COLORADO	ZIP CODE 80751	EFFECTIVE DATE OF CHANGE 7/1/91
		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.)

DAKOTA D & J SAND

CURRENT WELL STATUS: **SHUT IN PR** DATE SHUT IN OR PRODUCTION RESUMED: _____

TYPE OF COMPLETION (More than one may apply) N/A

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: **TEXACO TRADING AND TRANSP. INC.** OGCC NO.: **33940**

ADDRESS: **1670 BROADWAY**

CITY: **DENVER** STATE: **COLORADO** ZIP CODE: **80202-4899**

AREA CODE PHONE NUMBER: **(303) 861-4475** DATE OF FIRST PRODUCTION: _____

GAS GATHERER (First Purchaser)

NAME: **N/A** OGCC NO.: _____

ADDRESS: _____

CITY: **SEP 09 1991** STATE: _____ ZIP CODE: _____

AREA CODE PHONE NUMBER: **COLO. OIL & GAS CONS. COMM.** DATE OF FIRST SALES: _____

ROYALTY OWNER PATENTED

STATE FEDERAL
 INDIAN FEE

State, Federal or Indian Lease # _____

TOTAL ACRES IN LEASE _____ ACRES ASSIGNED TO WELL Standup 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) David G. Walsh TITLE Operator DATE 7-29-91

SIGNED David G. Walsh

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY Dennis R. Becknell TITLE DIRECTOR DATE DEC 1 1991
O & G Cons. Comm.