



00054326

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)

* OGCC LEASE NO. 55233		LEASE NAME SHEIBLEY		WELL NAME SHEIBLEY #1		API NO. 05-121-07074	
FIELD NAME & NO. XENIA WEST 97524		COUNTY Washington		LOCATION (1/4, 1/4, SEC. TWP., RNG) NENE Sec. 10-T2N-R54W, 6th PM			
OPERATOR NAME Allison Drilling Company, Inc.				OGCC OPR. NO. 01350		AREA CODE PHONE NUMBER (303) 861-2228	
OPERATOR ADDRESS 1275 Sherman Street				**PREVIOUS OPERATOR			
CITY Denver		STATE CO		ZIP CODE 80203		EFFECTIVE DATE OF CHANGE 10/1/92	
				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.)	
"J" SAND	
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 Texaco Trading and Transportation Inc.		OGCC NO. 33940	
ADDRESS 1670 Broadway			
CITY Denver	STATE CO	ZIP CODE 80202	
AREA CODE (303)	PHONE NUMBER 860-3223	DATE OF FIRST PRODUCTION 10/31/92	

GAS GATHERER (First Purchaser)			
NAME		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 160	ACRES ASSIGNED TO WELL 40	<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) Thomas R. Allison TITLE Agent DATE 01/31/94
SIGNED Thomas R. Allison

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY [Signature] TITLE DIRECTOR DATE APR 06 1994
O & G Cons. Comm