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## State of Colorado

## Oil and Gas Conservation Commission

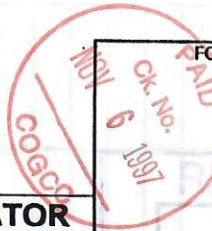
DEPARTMENT OF NATURAL RESOURCES

## CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

Submit original plus as many copies as the number of wells plus five (5) additional copies. Use Page 2 of Form 10 for multiple wells changing from the same operator to the new operator or when the "Change of Transporter/Gatherer" on multiple wells are the same. This form is not to be used for Well Name changes or Status changes. A separate FORM 10 must be submitted for each new completion and a FORM 10 for each producing formation of a Multiple Completion. It is the Operator's responsibility to mail approved copies to the new Transporter and/or Gatherer for each well listed.

OGCC Operator Number: 54380	Contact Name & Phone
Name of Operator: Matrix Energy, LLC	David Blandford
Address: 201 Linden Street, Suite 301	No: 970-493-7690
City: Fort Collins State: CO Zip: 80254	Fax: 970-493-8367

FOR OGCC USE ONLY



NOV - 6 1997

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## Operator Bond Status

- ☒ Blanket  
☐ Individual

☒ Change of Operator

Effective Date: September 1, 1997

☐ Change of Transporter or Gatherer

Effective Date: \_\_\_\_\_

## Complete This Section For a New or Individual Well.

OGCC Lease No:	API Number: 05-
Well Name and Number:	Field Name and Number:
Location (QtrQtr, Sec, Twp, Rng, Meridian):	
Acres Assigned to Well	Acres in Lease:
<input type="checkbox"/> Standup <input type="checkbox"/> Laydown	Royalty Owner: <input type="checkbox"/> Fee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Indian
Method of Water Disposal Facility and/or Pit Number:	<input type="checkbox"/> Central Pit <input type="checkbox"/> On-site Pit <input type="checkbox"/> Commercial Pit <input type="checkbox"/> Injection Well <input type="checkbox"/> NA
Producing Formation(s):	Recompletion? <input type="checkbox"/> Y <input type="checkbox"/> N
Current Well Status:	Date Shut In or Production Resumed:
Multiple Well Lease? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, interests must be common. If existing OGCC lease, lease no: _____	

OIL TRANSPORTER		GAS GATHERER	
Name of Oil Transporter	OGCC Operator No.	Name of Gas Gatherer	OGCC Operator No.
Texaco Trading/Transport	33940		
Address		Address	
P.O. Box 5568			
City	State	City	State
Denver	CO		
Area Code	Phone Number	Area Code	Phone Number
(800)	992-8470	( )	
Date of First Production This Formation		Date of First Sales This Formation	

## If Multiple Transporter or Gatherer, Complete the Following:

OIL TRANSPORTER		GAS GATHERER	
Name of Oil Transporter	OGCC Operator No.	Name of Gas Gatherer	OGCC Operator No.
Address		Address	
City	State	City	State
	Zip		Zip
Area Code	Phone Number	Area Code	Phone Number
( )		( )	
Date of First Production This Formation		Date of First Sales This Formation	

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.

Buyer or Current Operator's Signature	Seller's Signature
Name of Operator	Name of Operator
Matrix Energy, LLC	JHS Energy, Inc.
Title	Title
Co-Manager	Operations Manager
Date	Date
10-24-97	10-24-97

OGCC Approved:

Title: \_\_\_\_\_

DIRECTOR

O &amp; G Cons. Comm.

Date: \_\_\_\_\_

DEC 18 1997

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