

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



00039483

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. 46971	LEASE NAME University of Texas	WELL NO. 51	API NO. 05103094100
FIELD NAME & NO. Rangely	COUNTY Rio Blanco	LOCATION (1/4, SEC, TWP., RNG) NW NW 5-1N-102W	
OPERATOR NAME Twin Arrow, Inc.		OGCC OPR. NO. 90700	AREA CODE PHONE NUMBER 303 675-8226
OPERATOR ADDRESS P.O. Box 948		** PREVIOUS OPERATOR Hayes Petroleum	
CITY Rangely	STATE Co	ZIP CODE 81648	EFFECTIVE DATE OF CHANGE 8/31/93
			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.) Mancos	
CURRENT WELL STATUS DA	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 Eott Energy Corp.	OGCC NO.
ADDRESS P.O. Box 46666	
CITY Houston	STATE Tx
AREA CODE PHONE NUMBER 713 993-5414	ZIP CODE 77210-4666
DATE OF FIRST PRODUCTION	

GAS GATHERER (First Purchaser)	
NAME	OGCC NO.
ADDRESS	
CITY	STATE
AREA CODE PHONE NUMBER	ZIP CODE
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 480	ACRES ASSIGNED TO WELL
	<input type="checkbox"/> Standup N/A <input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT	<input checked="" type="checkbox"/> COMMERCIAL PIT
<input 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 C Gordon TITLE Office Manager DATE 10/5/93
SIGNED Linda C Gordon

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAR 18 1994
O & G Cons. Comm.