

18787

OGCC FORM 10  
Rev. 8/89

103 09410



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RECEIVED

JUN 22 1994

OIL &amp; GAS CONSERVATION COMMISSION

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 46971		LEASE NAME University of Texas		WELL NO. 51	API NO. 05103094100
FIELD NAME & NO. Rangely		COUNTY Rio Blanco	LOCATION (1/4, SEC, TWP, RANG) NWNW 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			
CITY Rangely,	STATE CO	ZIP CODE 81648	EFFECTIVE DATE OF CHANGE		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.)	
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 Date on 24 hr. Basis: Test Date _____	
_____ Bbls. Oil	_____ Mcf Gas _____ Bbls. Wtr.

OIL TRANSPORTER (First Purchaser)			
NAME EOTT Energy Operating Limited Partnership		OGCC NO. 66577	
ADDRESS P. O. Box 4666			
CITY Houston	STATE TX	ZIP CODE 77210-4666	
AREA CODE PHONE NUMBER (713) 993-5900		DATE OF FIRST PRODUCTION	

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

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: Reorganization of EOTT Energy Corp., effective 04/01/94

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 6/8/94  
SIGNED *Linda C. Gordon*

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY *B. B. Brubaker* TITLE DIRECTOR DATE JUN 23 1994  
O & G Cons. Comm.