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

SCANNED

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. 53219	LEASE NAME Fassler	WELL NO. 1-A	API NO. 121085090
FIELD NAME & NO. Ranchero (72140)		COUNTY Washington	LOCATION (Q-Q SEC, TWP., RNG) SE/4 NW/4 Sec. 33, T2N, R53W
OPERATOR NAME Patrick A. Doheny		OGCC OPR. NO. 24500	AREA CODE PHONE NUMBER (310) 276-3154
OPERATOR ADDRESS 136 El Camino, Suite 401		** PREVIOUS OPERATOR	
CITY Beverly Hills	STATE California	ZIP CODE 90212	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.)	
"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 Colorado	ZIP CODE 80202
AREA CODE PHONE NUMBER (303) 860-3443	DATE OF FIRST PRODUCTION 9- 1-92	

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 520	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) Richard E. Ebener TITLE Agent DATE December 15, 1992

SIGNATURE [Signature]

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY [Signature] TITLE DIRECTOR DATE JAN 1 1993

O & G Cons. Comm.