



## CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY			
ET	FE	UC	SR

*OGCC LEASE NO. <b>45357</b>		LEASE NAME <b>EXXON</b>		WELL NO. <b>1</b>	API NO. <b>05-103-09607</b>
FIELD NAME & NO. <b>SOUTH PICEANCE CREEK</b>		COUNTY <b>RIO BLANCO</b>	LOCATION (QQ SEC. TWP. RNG) <b>SW SW 18 T 35 - R 95W</b>		
OPERATOR NAME <b>STRACHAN EXPLORATION, INC.</b>		OGCC OPR. NO. <b>83130</b>	AREA CODE PHONE NUMBER <b>(303) 592-5157</b>		
OPERATOR ADDRESS <b>1675 BROADWAY, SUITE 2330</b>		** PREVIOUS OPERATOR			
CITY <b>DENVER</b>	STATE <b>CO</b>	ZIP CODE <b>80202</b>	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.) <b>DOUGLAS CREEK</b>	
CURRENT WELL STATUS <b>PRODUCING</b>	DATE SHUT IN OR PRODUCTION RESUMED

TYPE OF COMPLETION (More than one may apply)	
<input checked="" 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 <b>8-29-93</b> <b>.17</b> Bbls. Oil <b>274</b> Mcf Gas <b>1.41</b> Bbls. Wtr.	

OIL TRANSPORTER (First Purchaser)		
NAME <b>EOTT ENERGY CORP</b>	OGCC NO. <b>66577</b>	
ADDRESS <b>1050 17TH STREET SUITE 1825</b>		
CITY <b>DENVER</b>	STATE <b>CO</b>	ZIP CODE <b>80265</b>
AREA CODE PHONE NUMBER <b>(303) 629-5044</b>	DATE OF FIRST PRODUCTION	

GAS GATHERER (First Purchaser)		
NAME <b>GRAND VALLEY Gas Co</b>	OGCC NO. <b>35090</b>	
ADDRESS <b>50 WEST BROADWAY</b>		
CITY <b>SALT LAKE CITY</b>	STATE <b>UT</b>	ZIP CODE <b>84101</b>
AREA CODE PHONE NUMBER <b>(801) 531-4400</b>	DATE OF FIRST SALES <b>12-5-93</b>	

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 <b>481.28</b>	ACRES ASSIGNED TO WELL <b>80</b>	<input checked="" 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) **STEPHEN M. STRACHAN** TITLE **PRESIDENT** DATE **12-22-93**  
SIGNED *Stephen M. Strachan*

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY *[Signature]* TITLE **DIRECTOR O & G Cons. Comm.** DATE **JUL 1 1994**