

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



00215172

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. 55641	LEASE NAME SCHMEECKLE	WELL NO. 1-10	API NO. 05 123 10184
FIELD NAME & NO. BLUEBELL 07000	COUNTY WELD	LOCATION (T., SEC., TWP., RNG) SW SW 10 7N 58W	
OPERATOR NAME TPET INC.		OGCC OPR NO. 89080	AREA CODE PHONE NUMBER (214) 661-1624
OPERATOR ADDRESS 500 ONE LINCOLN CTR.; 5400 LBJ FREEWAY		** PREVIOUS OPERATOR	
CITY DALLAS	STATE TEXAS	ZIP CODE 75240	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.) D	
CURRENT WELL STATUS PR	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 UNION OIL OF CALIFORNIA	OGCC NO. 91000	
ADDRESS P.O. BOX 3100		
CITY MIDLAND	STATE TEXAS	ZIP CODE 79702
AREA CODE PHONE NUMBER (915) 684-8231	DATE OF FIRST PRODUCTION 4-1-83	

GAS GATHERER (First Purchaser)		
NAME WESTERN RESOURCE DEVELOPMENT	OGCC NO. 95735	
ADDRESS 5675 DTC BLVD., SUITE 165		
CITY ENGLEWOOD	STATE COLORADO	ZIP CODE 80111
AREA CODE PHONE NUMBER (303) 779-1417	DATE OF FIRST SALES 4-1-83	

ROYALTY OWNER		
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL	
<input type="checkbox"/> INDIAN	<input type="checkbox"/> FEE	
State, Federal or Indian Lease # _____		
TOTAL ACRES IN LEASE	ACRES ASSIGNED TO WELL	<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 type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> N/A	
RECEIVED FEB 16 1990	

Remarks: _____

COLO. OIL & GAS CONS. COMM.

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) JERRY SEARS TITLE OPERATIONS MANAGER DATE 2/14/90

SIGNED Jerry Sears

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY W. Bicknell TITLE DIRECTOR O & G Cons. Comm. DATE FEB 26 1990