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*Plugging
Bond
Den*

OGCC FORM 10
Rev. 8/89

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)

FOR OFFICE USE ONLY			
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OGCC LEASE NO. 55641	LEASE NAME Schmeekle	WELL NO. 1-10	API NO. 05-123-10184
FIELD NAME & NO. Blue Bell 07000	COUNTY Weld	LOCATION (N. S. SEC. TWP. RANG) SW/4, SW/4, Sect 10, T7N, R58W	
OPERATOR NAME Maximum Energy Corp.		OGCC OPR. NO. 95925	AREA CODE PHONE NUMBER 803 1694-7200
OPERATOR ADDRESS 6143 S. Willow Dr., Suite 460		** PREVIOUS OPERATOR TPET Inc.	
CITY Englewood, Colorado 80111	STATE Colorado	ZIP CODE 80111	EFFECTIVE DATE OF CHANGE 10/22/92
		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.) D sand	
CURRENT WELL STATUS Producing	DATE SHUT IN OR PRODUCTION RESUMED 10/23/92

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		OGCC NO.	
ADDRESS			
CITY	STATE	ZIP CODE	
AREA CODE	PHONE NUMBER	DATE OF FIRST PRODUCTION	

GAS GATHERER (First Purchaser)			
NAME		OGCC NO.	
Maximum Energy Corp. 54429			
ADDRESS			
6143 S. Willow Dr. Suite 460			
CITY	STATE	ZIP CODE	
Englewood	Co.	80111	
AREA CODE	PHONE NUMBER	DATE OF FIRST SALES	
(303)	694-7200	10/23/92	

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	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup	<input type="checkbox"/> Laydown
160	40	<input type="checkbox"/>	<input type="checkbox"/>

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) Herbert R. Miller TITLE Exec. Vice Pres DATE 11/1/92
SIGNED _____

(THIS SPACE FOR STATE OFFICE USE ONLY)
APPROVED BY [Signature] TITLE Director DATE 11/18/92