



00242943

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 13557	LEASE NAME McCallum Unit	WELL NO 30	API NO 05-057-05105
FIELD NAME & NO McCallum	COUNTY Jackson	LOCATION (TWP., SEC. TWP., R9G) NW/SW, Lot 16, Sec. 3, T9N, R79W	
OPERATOR NAME Nielson & Associates, Inc.		OGCC OPR NO 63270	AREA CODE PHONE NUMBER (307) 587-2445
OPERATOR ADDRESS P. O. Box 2850		** PREVIOUS OPERATOR Conoco Inc.	
CITY Cody	STATE Wyoming	ZIP CODE 82414	EFFECTIVE DATE OF CHANGE 12-01-1994
		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.) Dakota-Lakota	
CURRENT WELL STATUS SI	DATE SHUT IN OR PRODUCTION RESUMED Shut in 1/29/92

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 Conoco Inc.	OGCC NO 19160	ADDRESS 600 N. Dairy Ashford	
CITY Houston	STATE Texas	ZIP CODE 77079	DATE OF FIRST PRODUCTION 7/4/62
AREA CODE PHONE NUMBER (713) 293-1000			

GAS GATHERER (First Purchaser)			
NAME N/A	OGCC NO	ADDRESS	
CITY	STATE	ZIP CODE	DATE OF FIRST SALES
AREA CODE PHONE NUMBER ()			

ROYALTY OWNER			
<input type="checkbox"/> STATE	<input checked="" type="checkbox"/> FEDERAL		
<input type="checkbox"/> INDIAN	<input type="checkbox"/> FEE	State, Federal or Indian Lease # C-0946	
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 checked="" 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): James A. Williams TITLE Chief Operating Officer DATE 11/29/94

SIGNED *James A. Williams*

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY *[Signature]* TITLE DIRECTOR DATE MAR 14 1995

O & G Cons. Comm.