

FORM
10
Rev 1/97Page 1 of 1 State of Colorado
Oil and Gas Conservation Commission
DEPARTMENT OF NATURAL RESOURCES

02353274

FOR OGCC USE ONLY

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CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

Submit original plus as many copies as the number of wells plus five (5) additional copies. Use Page 2 of Form 10 for multiple wells changing from the same operator to the new operator or when the "Change of Transporter/Gatherer" on multiple wells are the same. This form is not to be used for Well Name changes or Status changes. A separate FORM 10 must be submitted for each new completion and a FORM 10 for each producing formation of a Multiple Completion. It is the Operator's responsibility to mail approved copies to the new Transporter and/or Gatherer for each well listed.

OGCC Operator Number: 81480
Name of Operator: Thomas L. Spring
Address: 7400 E. Orchard Rd., #2000
City: Greenwood Village State: CO Zip: 80111

Contact Name & Phone
Tom Spring
No: 303-771-1889
Fax: 303-771-1713

Operator Bond Status

☒ Blanket
☐ Individual

☒ Change of Operator☐ Change of Transporter or Gatherer

Effective Date: 2-1-00

Effective Date:

Complete This Section For a New or Individual Well.

OGCC Lease No: 10140	API Number: 05- 011- 061 -0800
Well Name and Number: Pierson-State #1-10	Field Name and Number: McClave
Location (QtrQtr, Sec, Twp, Rng, Meridian): E/2NE/4 Sec. 10-21S-48W, 6th PM	Acres in Lease: 140
Acres Assigned to Well: 640	Royalty Owner: <input checked="" type="checkbox"/> Fee <input checked="" type="checkbox"/> State <input type="checkbox"/> Laydown <input type="checkbox"/> Federal <input type="checkbox"/> Indian
Method of Water Disposal: Facility and/or Pit 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"/> NA
Producing Formation(s): Morrow McClave Sand	Recompletion? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Current Well Status: PR	Date Shut In or Production Resumed:
Multiple Well Lease? <input checked="" type="checkbox"/> N <input type="checkbox"/> Y If yes, interests must be common. If existing OGCC lease, lease no: _____	

OIL TRANSPORTER			GAS GATHERER		
Name of Oil Transporter	OGCC Transporter No.		Name of Gas Gatherer	OGCC Gatherer No.	
Address			Address		
City	State	Zip	City	State	Zip
Area Code	Phone Number	Date of First Production This Formation	Area Code	Phone Number	Date of First Sales This Formation

If Multiple Transporter or Gatherer, Complete the Following:

OIL TRANSPORTER			GAS GATHERER		
Name of Oil Transporter	OGCC Transporter No.		Name of Gas Gatherer	OGCC Gatherer No.	
Address			Address		
City	State	Zip	City	State	Zip
Area Code	Phone Number	Date of First Production This Formation	Area Code	Phone Number	Date of First Sales This Formation

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.

Buyer or Current Operator's Signature 	Seller's Signature
Name of Operator Thomas L. Spring	Name of Operator San Marco Petroleum, Inc.
Title Owner/Operator	Title President
Date 3/21/00	Date 3/21/00

Director, Oil & Gas
Commission

MAR 20 2001