



State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



RECEIVED
FOR OGCC USE ONLY

SEP 10 01
COGCC

CERTIFICATION OF CLEARENCE 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 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.

1. OGCC Operator Number: <u>76100</u>	4. Contact Name & Phone: <u>JUDY THRONEBERRY</u>
2. Name of Operator: <u>SAMEDAN OIL CORPORATION</u>	Ph: <u>(281)876-6150</u>
3. Address: <u>12600 NORTHBOROUGH, SUITE 250</u>	Fax: <u>(281) 872-2503</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77067</u>	

Operator Bond Status

- ☒ Blanket
☐ Individual

☐ Change of Operator

Effective Date: _____

☐ Change of Transporter or Gatherer

Effective Date: _____

Complete This Section For a New or Individual Well:

OGCC Lease No: <u>261366</u>	API Number: <u>05-125-08304 00</u>	Formation Code: <u>NBRR</u>
Well Name and Number: <u>BROWN 43-33</u>	Field Name and Number: <u>REPUBLICAN - 73275</u>	
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NESE, SEC 33, T1N, R45W, 6TH MERIDIAN</u>		
Acres Assigned to Well: <u>160</u>	Unit Configuration (e.g., S/2, NE/4, etc.): <u>SE SEC 33 - T1N, R45W</u>	
Method of Water Disposal <input type="checkbox"/> Central Pit <input type="checkbox"/> On-Site Pit	<input type="checkbox"/> Commercial Pit <input checked="" type="checkbox"/> Injection Well <input type="checkbox"/> N/A	Facility/Pit Number:
Date of First Production This Formation: <u>8/15/2001</u>	Date of First Sales This Formation: Gas: <u>8/17/2001</u> Oil: <u>NA</u>	
Current Formation Status <u>PRODUCING</u>	Date Shut In or Production Resumed:	
Multiple Well Lease? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	If yes, interests must be common. If existing OGCC lease, lease number:	

<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Delete
Product: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas	
Name of Transporter/Gatherer: <u>NOBLE GAS PIPELINE</u>	OGCC Transporter No.: <u>63425</u>
Address: <u>350 GLENBOROUGH, SUITE 180</u>	
City: <u>HOUSTON</u>	State: <u>TX</u> Zip: <u>77067</u>
Area Code and Phone Number:	

<input type="checkbox"/> Add	<input type="checkbox"/> Delete
Product: <input type="checkbox"/> Oil <input type="checkbox"/> Gas	
Name of Transporter/Gatherer:	OGCC Transporter No.:
Address:	
City:	State: Zip:
Area Code and Phone Number:	

<input type="checkbox"/> Add	<input type="checkbox"/> Delete
Product: <input type="checkbox"/> Oil <input type="checkbox"/> Gas	
Name of Transporter/Gatherer:	OGCC Transporter No.:
Address:	
City:	State: Zip:
Area Code and Phone Number:	

<input type="checkbox"/> Add	<input type="checkbox"/> Delete
Product: <input type="checkbox"/> Oil <input type="checkbox"/> Gas	
Name of Transporter/Gatherer:	OGCC Transporter No.:
Address:	
City:	State: Zip:
Area Code and Phone Number:	

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 prod

Buyer or Current Operator's Signature <u>Judy Throneberry</u>	
Name of Operator <u>SAMEDAN OIL CORPORATION</u>	
Title <u>REGULATORY SUPERVISOR</u>	Date <u>9/4/2001</u>

Seller's Signature	
Name of Operator	
Title	Date

OGCC Approved

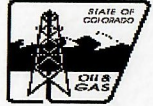
Title: _____

Director, Oil & Gas

Date: OCT 29 2001

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Oil and Gas Conservation Commission

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CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

OGCC Operator Number: 76100
Name of Operator: SAMEDAN OIL CORPORATION

Total Number of Wells Submitted:	<u>1</u>
Total Number of Wells This Page:	<u>1</u>

Page _____ of _____
Date: **9/4/2001**

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