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123-05885

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 56883		LEASE NAME E. J. Harms		WELL NO 1		API NO 05 123 5885	
FIELD NAME & NO Lonesome Coyote		COUNTY Weld		LOCATION (SEC. TWP. RANG) SW/4 SW/4 Sec. 8-T11N-R59W			
OPERATOR NAME Ron Soper		OGCC OPR. NO 808600		AREA CODE (308)		PHONE NUMBER 235-3533	
OPERATOR ADDRESS P. O. Box 190		** PREVIOUS OPERATOR Medallion Petroleum, Inc. (56460)					
CITY Kimball,	STATE Nebraska	ZIP CODE 69145	EFFECTIVE DATE OF CHANGE 07/01/92		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.

\*Government Bond on File per attached

PRODUCING FORMATION(S) (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)	
J-Sand	
CURRENT WELL STATUS SI	DATE SHUT IN OR PRODUCTION RESUMED 2/5/92

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 Scurlock-Permian Corporation		OGCC NO 686025	
ADDRESS P. O. Box 4648			
CITY Houston,	STATE Texas	ZIP CODE 77210-4648	
AREA CODE ( )	PHONE NUMBER	DATE OF FIRST PRODUCTION	

GAS GATHERER (First Purchaser)			
NAME		OGCC NO.	
ADDRESS			
CITY		STATE	ZIP CODE
DATE OF FIRST SALE		DATE OF FIRST PRODUCTION	

RECEIVED

COLORADO OIL &amp; GAS CONSERVATION COMMISSION

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

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) Ron Soper TITLE Operator DATE 8/15/92SIGNED Ron Soper

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY Dennis R. Ricknell TITLE DIRECTOR DATE SEP 09 1992

O &amp; G Cons. Comm.



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