



00064881

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)

* OGCC LEASE NO 55252		LEASE NAME Xenia West Unit		WELL NO 7. #5-2A	APPL. NO 05 121 7096 Not Available
FIELD NAME & NO Xenia West #97524		COUNTY Washington	LOCATION (TWP. SEC. TWP. RNG) C SE SW, Sec. 2-2N-54W		
OPERATOR NAME Arlian, Inc.		OGCC OPR. NO 04180	AREA CODE PHONE NUMBER (303) 295-3700		
OPERATOR ADDRESS 1801 Broadway Suite 1650		** PREVIOUS OPERATOR Pedco Resources Company			
CITY Denver	STATE CO	ZIP CODE 80202	EFFECTIVE DATE OF CHANGE June 1, 1992	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.)	
J Sand	
CURRENT WELL STATUS SI	DATE SHUT IN OR PRODUCTION RESUMED 7/63

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 Union Oil of California		OGCC NO.	
ADDRESS P. O. Box 3100			
CITY Midland	STATE TX	ZIP CODE 79702	
AREA CODE PHONE NUMBER ()		DATE OF FIRST PRODUCTION	

GAS GATHERER (First Purchaser)			
NAME JUN 29 1992		OGCC NO.	
ADDRESS COLO. OIL & GAS CONS. COMM.			
CITY	STATE	ZIP CODE	
AREA CODE PHONE NUMBER ()		DATE OF FIRST SALES	

ROYALTY OWNER			
<input type="checkbox"/> STATE		<input type="checkbox"/> FEDERAL	
<input type="checkbox"/> INDIAN		<input 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 type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> N/A	

Remarks: Change of Operator Filing / Well head not connected

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) Alvin R. Arlian TITLE President DATE 6/17/92

SIGNED

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY

Dennis R. Bucknell

TITLE

DIRECTOR
O & G Cons. Comm.

DATE

AUG 17 1992