

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original & 3 copies per well)



| FOR OFFICE USE ONLY | | | |
|---------------------|----|--------------|----|
| ET | FE | UC | SE |
| API NO. | | 05-057-05011 | |

| | | | | |
|---|--------------------------------|-------------------------------|--|--|
| *OGCC LEASE NO. 13376 | LEASE NAME BLEVINS B | WELL NO. 2 | API NO. 05-057-05011 | |
| FIELD NAME CANADIAN RIVER | FIELD NO. 10100 | COUNTY JACKSON | LOCATION (QQ, SEC, TWP, RNG) SENW SEC 3 T9N R78W | |
| OPERATOR NAME TOM BROWN, INC. | | OGCC OPR. NO. 11050 | AREA CODE / PHONE NUMBER 915-682-9715 | |
| OPERATOR ADDRESS 508 W. WALL | | **PREVIOUS OPERATOR | | |
| CITY MIDLAND | STATE TX | ZIP CODE 79701 | EFFECTIVE CHANGE DATE | 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.)
FORMATION(S): **DK-LK**

| | |
|----------------------------------|--|
| CURRENT WELL STATUS SI | DATE SHUT IN OR PRODUCTION RESUMED 10/92 |
|----------------------------------|--|

TYPE OF COMPLETION
(More than one may apply.)

NEW COMPLETION COMINGLED COMPLETION
 RECOMPLETION MULTIPLE COMPLETION

New Well Test Data on 24 hr. Basis; Test Date: _____
Bbls Oil _____ MCF Gas _____ Bbls. Water _____

OIL TRANSPORTER (First Purchaser)

| | | |
|-----------------------|--------------------------|----------|
| NAME | OGCC NO. | |
| ADDRESS | | |
| CITY | STATE | ZIP CODE |
| AREA CODE / PHONE NO. | DATE OF FIRST PRODUCTION | |

GAS GATHERER (First Purchaser)

| | | |
|---|---------------------------------------|-------------------------------|
| NAME Rocky Mtn Natural Gas Company | OGCC NO. 74900 | |
| ADDRESS P.O. Box 281304 | | |
| CITY Lakewood | STATE CO | ZIP CODE 80228-8304 |
| AREA CODE / PHONE NO. (303)989-1740 | DATE OF FIRST SALES 9/17/70 | |

ROYALTY OWNER

STATE FEDERAL
 INDIAN FEE

State, Federal or Indian Lease #:

| | | |
|------------------------------------|------------------------|-----------------|
| TOTAL ACRES IN LEASE 911 | ACRES ASSIGNED TO WELL | STANDUP LAYDOWN |
|------------------------------------|------------------------|-----------------|

METHOD OF WATER DISPOSAL

FACILITY NUMBER _____

CENTRAL PIT COMMERCIAL PIT
 ON-SITE PIT INJECTION WELL
 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: Carol Criss TITLE: Engineering Technician DATE: 04/26/96

SIGNED: Carol Criss

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY: [Signature]

TITLE: DIRECTOR DATE: MAY 22 1996
O & G Cons. Comm.