

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 36660		LEASE NAME Robert VanDorn		WELL NO. 1	API NO. 05-081-6361
FIELD NAME & NO Craig Area 13500		COUNTY Moffat	LOCATION (1/4, SEC, TWP., RNG) SWSW Sec 29 - T7N - R90W		
OPERATOR NAME Cockrell Oil Corporation			OGCC OPR. NO. 18005	AREA CODE (713)	PHONE NUMBER 651-1271
OPERATOR ADDRESS 1600 Smith Street Suite 4600			** PREVIOUS OPERATOR		
CITY Houston, Texas	STATE	ZIP CODE 77002	EFFECTIVE DATE OF CHANGE 3-1-90	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.) Mesaverde Coal	
CURRENT WELL STATUS SI	DATE SHUT IN OR PRODUCTION RESUMED 4-6-90

TYPE OF COMPLETION (More than one may apply)	
<input type="checkbox"/> NEW COMPLETION	<input type="checkbox"/> COMMINGLED COMPLETION
<input checked="" 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 N/A		OGCC NO.
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ()	DATE OF FIRST PRODUCTION	

GAS GATHERER (First Purchaser)		
NAME N/A		OGCC NO.
ADDRESS		
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 checked="" type="checkbox"/> FEE	
State, Federal or Indian Lease # _____		
TOTAL ACRES IN LEASE 320	ACRES ASSIGNED TO WELL 320	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER N/A	
<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: _____

STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS

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) Betty Mays TITLE _____ DATE July 24, 1990
SIGNED Betty Mays

(THIS SPACE FOR STATE OFFICE USE ONLY)
APPROVED BY Dennis R. Picknell DIRECTOR DATE 26 1990 JUL 27 1990



RECEIVED

OGCC FORM 10 COMM