



00251165

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			
ET	FE	UC	SE

OGCC LEASE NO 36582	LEASE NAME 791-2714	WELL NO 1	API NO 05-081-6729
FIELD NAME & NO Craig 13500	COUNTY Moffat	LOCATION (1/4 SEC. TWP., RNG) SE SW S27 - T7N - R91W	
OPERATOR NAME Cockrell Oil Corporation		OGCC OPR NO 18005	AREA CODE PHONE NUMBER (713) 651-1271
OPERATOR ADDRESS 1600 Smith St., Suite 4600		** PREVIOUS OPERATOR	
CITY Houston	STATE Texas	ZIP CODE 77002	EFFECTIVE DATE OF CHANGE 10/15/90
			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.)**Williams Fork Coal**

CURRENT WELL STATUS Shut In	DATE SHUT IN OR PRODUCTION RESUMED 10/15/90
---------------------------------------	---

TYPE OF COMPLETION (More than one may apply)

- ☒ NEW COMPLETION ☐ COMMINGLED COMPLETION
☐ RECOMPLETION ☐ 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 RECEIVED		
CITY	STATE DEC 13 1990	ZIP CODE
AREA CODE PHONE NUMBER ()	DATE OF FIRST PRODUCTION	

COLO. OIL & GAS CONS. COMM

GAS GATHERER (First Purchaser)

NAME N/A	OGCC NO.	
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ()	DATE OF FIRST SALES	

ROYALTY OWNER

- ☐ STATE ☐ FEDERAL
☐ INDIAN ☒ FEE

State, Federal or Indian Lease # _____

TOTAL ACRES IN LEASE 320	ACRES ASSIGNED TO WELL	<input checked="" type="checkbox"/> Standup <input type="checkbox"/> Laydown
------------------------------------	------------------------	---

METHOD OF WATER DISPOSALFACILITY NUMBER **N/A**

- ☒ CENTRAL PIT ☐ COMMERCIAL PIT
☐ ON-SITE PIT ☐ INJECTION WELL
☐ N/A

Remarks: **Water Pool****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) **B. E. Weichman** TITLE **Geologist** DATE **12-10-90**
SIGNED **[Signature]**

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY **[Signature]**

TITLE

DIRECTOR
O & G Cons. Comm.DATE **1/13/91**