



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. 13518	LEASE NAME Dowdell	WELL NO. 7	API NO. 05-057-6370
FIELD NAME & NO. Delaney Butte Dakota 16220	COUNTY JACKSON	LOCATION (1/4, SEC, TWP., RNG) SENE 1-8N-82W	
OPERATOR NAME William R. Wofford c/o Larry Martin		OGCC OPR. NO. 99150	AREA CODE PHONE NUMBER (308) 235-2423
OPERATOR ADDRESS 1220 E 3rd		** PREVIOUS OPERATOR NORTH PARK PET	
CITY Kimball	STATE NE	ZIP CODE 69145	EFFECTIVE DATE OF CHANGE 2-8-95
			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.)	
CURRENT WELL STATUS Shut-IN	DATE SHUT IN OR PRODUCTION RESUMED Dec. 1994

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 Frontier, 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 960 200	ACRES ASSIGNED TO WELL 10	<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 checked="" type="checkbox"/> N/A	

Remarks: **Well Shut in For winter**

Repos will be mailed by LARRY MARTIN for Dowdell lease.

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) **William R. Wofford** TITLE **operator** DATE **2-8-95**
SIGNED **Larry Martin** agent. **1220 E 3rd - Kimball, Neb. 69145 - 308-235-2423**

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY **[Signature]** TITLE **DIRECTOR** DATE **MAR 10 1995**
O & G Cons. Comm.