



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. <b>59135</b>	LEASE NAME <b>Buczowskyj</b>	WELL NO. <b>#2</b>	API NO. <b>05 123 7068</b>
FIELD NAME & NO. <b>SLEEPER #77555</b>	COUNTY <b>Weld</b>	LOCATION (1/4, SEC, TWP., RNG) <b>NE SE Sec 22-12N-56W</b>	
OPERATOR NAME <b>STANCO Petroleum, Inc.</b>		OGCC OPR. NO. <b>81650</b>	AREA CODE PHONE NUMBER <b>(308) 235-2390</b>
OPERATOR ADDRESS <b>Box 202</b>		** PREVIOUS OPERATOR <b>Petroleum, Inc.</b>	
CITY <b>Kimball</b>	STATE <b>NE</b>	ZIP CODE <b>69145</b>	EFFECTIVE DATE OF CHANGE <b>1-1-90</b>
			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.

<b>PRODUCING FORMATION(S)</b> (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)	
CURRENT WELL STATUS	DATE SHUT IN OR PRODUCTION RESUMED

<b>TYPE OF COMPLETION</b> (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.	

<b>OIL TRANSPORTER (First Purchaser)</b>		
NAME	OGCC NO.	
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ( )	DATE OF FIRST PRODUCTION	

<b>GAS GATHERER (First Purchaser)</b>		
NAME	OGCC NO.	
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ( )	DATE OF FIRST SALES	

<b>ROYALTY OWNER</b>	
<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

<b>METHOD OF WATER DISPOSAL</b>	
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	

**RECEIVED**  
**MAY 16 1990**

Remarks: Well to be Plugged and Abandoned

**COLO. OIL & GAS CONS. COMM.**

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) Stan Juelfs TITLE President DATE 5-14-90

SIGNED [Signature]

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAY 28 1990  
O & G Cons. Comm.