

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
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 11174	LEASE NAME Christopher 43-1	WELL NO #4	API NO 05-017-7383
FIELD NAME & NO Speaker 77825	COUNTY Cheyenne	LOCATION . . . SEC. TWP. RANG. NE/SE Sec. 1-12S-51W	
OPERATOR NAME Union Pacific Resources Company		OGCC SPR NO 91100	AREA CODE PHONE NUMBER (817) 877-6530
OPERATOR ADDRESS P.O. Box 7 MS 3407		** PREVIOUS OPERATOR	
CITY Fort Worth, TX	STATE TX	ZIP CODE 76101-0007	EFFECTIVE DATE OF CHANGE
			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.)	
Morrow V-11	
CURRENT WELL STATUS producing	DATE SHUT IN OR PRODUCTION RESUMED

TYPE OF COMPLETION (More than one may apply)	
<input checked="" 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 8-17-93	
290 Bbls. Oil	93 Mcf Gas 0 Bbls. Wtr.

OIL TRANSPORTER (First Purchaser)		
NAME Koch Oil Company	OGCC NO 49130	
ADDRESS P.O. Box 2256		
CITY Wichita,	STATE KS	ZIP CODE 67201
AREA CODE PHONE NUMBER (316) 832-5500	DATE OF FIRST PRODUCTION 08-16-93	

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 type="checkbox"/> FEE	
State, Federal or Indian Lease # UPRR Land Grant		
TOTAL ACRES IN LEASE 642.1	ACRES ASSIGNED TO WELL 80	<input checked="" 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 checked="" type="checkbox"/> INJECTION WELL
<input type="checkbox"/> 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 (PRINT) **Cami Minzenmayer** TITLE **Regulatory Analyst** DATE **09-30-93**SIGNED **Cami Minzenmayer**

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY

TITLE

DIRECTOR
O & G Cons. Comm.

DATE

JAN 05 1994