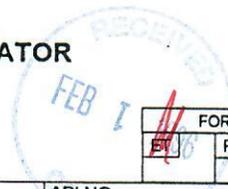




STATEMENT OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)



FOR OFFICE USE ONLY			
<input checked="" type="checkbox"/> BT	<input type="checkbox"/> FE	<input type="checkbox"/> UC	<input type="checkbox"/> SE

OGCC LEASE NO. 15100	LEASE NAME Christopher 43-1	WELL NO. 4	API NO. 05-017-7383
FIELD NAME & NO. Speaker 77825	COUNTY Cheyenne	LOCATION (1/4, SEC., TWP., RNG.) NE/SE Sec. 1, T.12S., R.51W.	
OPERATOR NAME Union Pacific Resources Company		OGCC OPR. NO. 91100	AREA CODE 817
OPERATOR ADDRESS P.O. Box 7 MS 3006		PHONE NUMBER 877-7941	
**PREVIOUS OPERATOR			
CITY Fort Worth,	STATE TX	ZIP CODE 76101-0007	EFFECTIVE DATE OF CHANGE 2-1-95
		NEW OPERATOR BOND STATUS <input 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 N/A
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**TYPE OF COMPLETION** (More than one may apply)

N/A

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: ~~Scurlock Permian~~      OGCC NO.: ~~68625~~

ADDRESS: ~~650 S. Cherry Street - Suite 1220~~

CITY: ~~Denver~~      STATE: ~~CO~~      ZIP CODE: ~~80222~~

AREA CODE: ~~(303)~~      PHONE NUMBER: ~~320-3999~~      DATE OF FIRST PRODUCTION: ~~N/A~~

**GAS GATHERER (First Purchaser)**

NAME: N/A      OGCC NO.:

ADDRESS:

CITY:      STATE:      ZIP CODE:

AREA CODE:      PHONE NUMBER:      DATE OF FIRST SALE:

**ROYALTY OWNER**

STATE       FEDERAL  
 INDIAN       FEE

State, Federal or Indian Lease # UPRR Land Grant

TOTAL ACRES IN LEASE Unitized Field	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup <input type="checkbox"/> LayDown
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**METHOD OF WATER DISPOSAL**

FACILITY NUMBER N/A

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

Remarks New OGCC Lease Number

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) Wanda Bartell      TITLE Regulatory Analyst      DATE 1-31-96  
SIGNED Wanda Bartell

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY [Signature]      TITLE DIRECTOR O & G Cons. Comm.      DATE APR 02 1996