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00250461

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



ION 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 32490	LEASE NAME Sindt, Arthur	WELL NO. 10	API NO. 05-075-8596
FIELD NAME & NO. Padroni W ("O" Sand) 67000	COUNTY Logan	LOCATION (1/4, SEC, TWP., RANG) SE SW Sec 6-9N-52W	
OPERATOR NAME Birch Exploration Limited Liability Company		OGCC OPR. NO. 8500	AREA CODE PHONE NUMBER (405) 840-1811
OPERATOR ADDRESS 6 NE 63rd Street, Suite 425, Santa Fe N Bldg		** PREVIOUS OPERATOR	
CITY Oklahoma City, OK	STATE OK	ZIP CODE 73105	EFFECTIVE DATE OF CHANGE
			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.) "O" Sand	
CURRENT WELL STATUS Producing	DATE SHUT IN OR PRODUCTION RESUMED

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 Oil & Refining	OGCC NO. 31295	
ADDRESS 5340 S Quebec, Suite 200N		
CITY Englewood,	STATE CO	ZIP CODE 80111
AREA CODE PHONE NUMBER (303) 714-0100	DATE OF FIRST PRODUCTION 7/1/92	

GAS GATHERER (First Purchaser)		
NAME	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 40 920	ACRES ASSIGNED TO WELL 40	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER Sindt #2WD	
<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) **Gregg M. Satherlie** TITLE **Manager** DATE **5/3/96**
SIGNED *Gregg M. Satherlie*

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY *B. Brubaker* TITLE **DIRECTOR** DATE **JUN 28 1996**
O & G Cons. Comm