

[illegible]



State of Colorado  
Oil and Gas Conservation Commission  
DEPARTMENT OF NATURAL RESOURCES

## Certification of Clearance and/or Change of Operator

Send original plus as many copies as the number of wells plus five (5) additional copies. Use the back of this form for multiple wells changing from the same operator to the new operator or when the "Change of Transporter/Gatherer" on multiple wells are the same. This form is not to be used for Well Name changes or Status changes. A separate FORM 10 must be submitted for each new completion and a FORM 10 for each producing formation of a Multiple Completion. It is the Operator's responsibility to mail approved copies to the new Transporter and/or Gatherer for each well listed.

Operator Number: 27900  
Name of Operator: EQUITY OIL COMPANY  
Address: TEN WEST 300 SOUTH (PO BOX 959)  
City: SALT LAKE CITY State: UT Zip: 84101  
Contact Name & Phone  
BRENT MARCHANT  
No: (801) 521-3515  
Fax: (801) 521-3534  
(84110)

FOR OGCC USE ONLY PAID  
Ck. No.  
NOV 7 1996  
COGCC

ET OE PR S

## Operator Bond Status

☒ Blanket  
☐ Individual

Page 1 of 2

☒ Change of Operator

Effective Date: 9-15-96

☐ Change of Transporter or Gatherer

Effective Date: \_\_\_\_\_

## Complete This Section For a New or Individual Well.

OGCC Lease No:		API Number:	
Well Name and Number:		Field Name and Number: WEST PADRONI (OK per Sharon Tansy)	
Location (QtrQtr, Sec, Twp, Rng):		Acres in Lease:	
Acres Assigned to Well	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown	Royalty Owner: <input type="checkbox"/> Fee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Indian	State, Federal or Indian Lease No:
Method of Water Disposal Facility and/or Pit Number:		<input type="checkbox"/> Central Pit <input type="checkbox"/> On-site Pit	<input type="checkbox"/> Commercial Pit <input type="checkbox"/> Injection Well <input type="checkbox"/> NA
Producing Formation(s) Recompletion? <input type="checkbox"/> Y <input type="checkbox"/> N		Current Well Status	Date Shut In or Production Resumed
Multiple Well Lease? If yes, interests must be common. If existing OGCC Lease, Lease No.: <input type="checkbox"/> Y <input type="checkbox"/> N			

## OIL TRANSPORTER

Name  
TEXACO TRADING & TRANSPORTATION, INC. 33940  
Address  
PO BOX 5568 T.A.  
City State Zip  
DENVER CO 80217-5568  
Area Code Phone Number Date of First Production This Formation  
(303) 861-4475

## GAS GATHERER

Name  
OGCC No.  
Address  
City State Zip  
Area Code Phone Number Date of First Sales This Formation  
( )

## If Multiple Transporter or Gatherer, Complete the Following:

## OIL TRANSPORTER

Name  
OGCC No.  
Address  
City State Zip  
Area Code Phone Number Date of First Production This Formation  
( )

## GAS GATHERER

Name  
OGCC No.  
Address  
City State Zip  
Area Code Phone Number Date of First Sales This Formation  
( )

## 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.

Buyer of Current Operator's Signature <i>David M. Seery</i>	Seller's Signature <i>Brent Marchant</i>
Name of Company EQUITY OIL COMPANY	Name of Company BIRCH EXPLORATION, LLC
Title DAVID M. SEERY, ATTORNEY-IN-FACT	Title Manager
Date 9-15-96	Date 9-15-96

OGCC Approved: *B. Brubling* Title: \_\_\_\_\_DIRECTOR  
O & G Cons. Comm

Date: \_\_\_\_\_

MAR 19 1997