

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

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

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.

ET	OE	PR	HS
Operator Bond Status			
<input checked="" type="checkbox"/>	Blanket		
<input type="checkbox"/>	Individual		

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

<input checked="" type="checkbox"/> Change of Operator	<input type="checkbox"/> Change of Transporter or Gatherer
Effective Date: 9-15-96	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"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian
Method of Water Disposal Facility and/or Pit 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"/> 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			GAS GATHERER		
Name	OGCC No.	Name	OGCC No.		
TEXACO TRADING & TRANSPORTATION, INC. 33940					
Address		Address			
PO BOX 5568 T.A.					
City	State	City	State		
DENVER	CO				
Zip	80217-5568	Zip			
Area Code	Phone Number	Area Code	Phone Number		
(303)	861-4475	()			
Date of First Production This Formation		Date of First Sales This Formation			

If Multiple Transporter or Gatherer, Complete the Following:

OIL TRANSPORTER			GAS GATHERER		
Name	OGCC No.	Name	OGCC No.		
Address		Address			
City	State	City	State		
Area Code	Phone Number	Area Code	Phone Number		
()		()			
Date of First Production This Formation		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