



DEC 6 1996

OIL & GAS CONS

**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: PO Box 959  
City: Salt Lake City State: UT Zip: 84110  
Contact Name & Phone  
Brent Marchant  
No: (801) 521-3515  
Fax: (801) 521-3534

**Operator Bond Status**

- ☐ Blanket  
☐ Individual

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☐ Change of Operator

Effective Date:

☒ Change of Transporter or Gatherer

Effective Date: 11/01/96

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

OGCC Lease No:		API Number:	
Well Name and Number:		Field Name and Number:	
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
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  
JN Petroleum Marketing  
Address  
P.O. Box 7148  
City State Zip  
Billings MT 59103-7148  
Area Code Phone Number  
(406) 248-8888  
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

**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 or Current Operator's Signature Brent P. Marchant	Seller's Signature
Name of Company Equity Oil Company	Name of Company
Title Staff Operations Engineer	Title
Date 12/03/96	Date

OGCC Approved:

*[Signature]* Title:

DIRECTOR

OGCC Cons. Comm.

Date:

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