

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



CERTIFICATION 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. 10741	LEASE NAME Pelton Trust	WELL NO. #1	API NO. 05-017-6315
FIELD NAME & NO. Archer 02885	COUNTY Cheyenne	LOCATION (1/4, SEC, TWP., RNG) SE SE Sec. 30-12S-44W	
OPERATOR NAME Mull Drilling Company, Inc.		OGCC OPR. NO. 61250	AREA CODE PHONE NUMBER (316) 264-6366
OPERATOR ADDRESS P.O. Box 2758		** PREVIOUS OPERATOR	
CITY Wichita	STATE KS	ZIP CODE 67201	EFFECTIVE DATE OF CHANGE 5-22-92
			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.) Shawnee (only)	
CURRENT WELL STATUS Producing	DATE SHUT IN OR PRODUCTION RESUMED 5-30-92

TYPE OF COMPLETION (More than one may apply)	
<input type="checkbox"/> NEW COMPLETION	<input type="checkbox"/> COMMINGLED COMPLETION
<input checked="" type="checkbox"/> RECOMPLETION	<input type="checkbox"/> MULTIPLE COMPLETION
New Well Test Data on 24 hr. Basis: Test Date 7-13-92 21 Bbls. Oil 0 Mcf Gas 147 Bbls. Wtr.	

OIL TRANSPORTER (First Purchaser)			
NAME Koch Oil Company		OGCC NO. 49130	
ADDRESS P.O. Box 2256			
CITY Wichita	STATE KS	ZIP CODE 67201	
AREA CODE PHONE NUMBER (316) 832-5500	DATE OF FIRST PRODUCTION 5-30-92		

GAS GATHERER (First Purchaser)			
NAME RECEIVED		OGCC NO.	
ADDRESS 27 1992			
CITY COLO. OIL & GAS CONS. COMM.	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 160	ACRES ASSIGNED TO WELL 80	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown	

METHOD OF WATER DISPOSAL	
FACILITY NUMBER 39	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input type="checkbox"/> ON-SITE PIT	<input checked="" type="checkbox"/> INJECTION WELL
<input checked="" type="checkbox"/> N/A Pelton SWD #1	

Remarks: Recompletion

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) Mark A. Shreve TITLE Petroleum Engineer DATE 7-22-92
SIGNED [Signature]

THIS SPACE FOR STATE OFFICE USE ONLY

APPROVED BY [Signature] TITLE DIRECTOR DATE AUG 27 1992
O & G Cons. Comm.