



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. <b>53162</b>	LEASE NAME <b>JOLLY "D"</b>	WELL NO. <b>3</b>	API NO. <b>05-121-5682</b>
FIELD NAME & NO <b>RAMP 72110</b>		COUNTY <b>WASHINGTON</b>	LOCATION (22 SEC. TWP. RNG) <b>NE NW 8-3s-55w</b>
OPERATOR NAME <b>PONCHO PRODUCTION COMPANY</b>		OGCC OPR. NO. <b>71450</b>	AREA CODE PHONE NUMBER <b>(303) 650-1580</b>
OPERATOR ADDRESS <b>10675 HOBBIT LANE</b>		** PREVIOUS OPERATOR <b>E.C. YEGEN</b>	
CITY <b>WESTMINSTER</b>	STATE <b>CO</b>	ZIP CODE <b>80030</b>	EFFECTIVE DATE OF CHANGE <b>OCT. 1, 1991</b>
			NEW OPERATOR BOND STATUS <input checked="" 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.

<b>PRODUCING FORMATION(S)</b> (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.) <b>J SAND</b>	
CURRENT WELL STATUS <b>SI</b>	DATE SHUT IN OR PRODUCTION RESUMED <b>APPROX JULY, 1990</b>

<b>TYPE OF COMPLETION</b> (More than one may apply)	
<input type="checkbox"/> NEW COMPLETION	<input type="checkbox"/> COMMINGLED COMPLETION
<input type="checkbox"/> RECOMPLETION	<input type="checkbox"/> MULTIPLE COMPLETION
<b>New Well Test Data on 24 hr. Basis: Test Date</b> _____	
_____ Bbls. Oil	_____ Mcf Gas _____ Bbls. Wtr.

<b>OIL TRANSPORTER (First Purchaser)</b>		
NAME <b>PERMIAN CORP.</b>	OGCC NO. <b>68625</b>	
ADDRESS <b>650 S. CHERRY ST., SUITE 210</b>		
CITY <b>DENVER</b>	STATE <b>CO</b>	ZIP CODE <b>80222</b>
AREA CODE PHONE NUMBER <b>(303) 320-3999</b>	DATE OF FIRST PRODUCTION <b>4-21-1958</b>	

<b>RECEIVED</b>		
<b>GAS GATHERER (First Purchaser)</b>		
NAME <b>NOV 8 5 1991</b>	OGCC NO.	
ADDRESS <b>COLO. OIL &amp; GAS CONS. COMM.</b>		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ( )	DATE OF FIRST SALES	

<b>ROYALTY OWNER</b>		
<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 <b>80</b>	ACRES ASSIGNED TO WELL <b>40</b>	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

<b>METHOD OF WATER DISPOSAL</b>	
FACILITY 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"/> N/A	

Remarks: \_\_\_\_\_

**STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS.**

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) ROBERT L. VACLAVIK TITLE PRESIDENT DATE Nov. 7, 1991  
SIGNED Robert L. Vaclavik

(THIS SPACE FOR STATE OFFICE USE ONLY)  
APPROVED BY Dennis Ricknell TITLE DIRECTOR DATE JAN 31 1992  
O & G Cons. Comm.

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