



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. 32946	LEASE NAME Thornton	WELL NO. 2	API NO. 05-075-5471
FIELD NAME & NO. Pawnee Creek	COUNTY Logan	LOCATION (1/4, SEC, TWP., RNG) SESE 3: T7N-R54W	
OPERATOR NAME Arlian, Inc.		OGCC OPR. NO. 04185 4186	AREA CODE PHONE NUMBER (303) 292-4051
OPERATOR ADDRESS 1801 Broadway, Suite 400		** PREVIOUS OPERATOR Jack Prather	
CITY Denver, Colorado 80202	STATE Colorado	ZIP CODE 80202	EFFECTIVE DATE OF CHANGE 5-1-94
		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.

PRODUCING FORMATION(S) (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)	
J Sand JSND	
CURRENT WELL STATUS Producing	DATE SHUT IN OR PRODUCTION RESUMED

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

OIL TRANSPORTER (First Purchaser)			
NAME Scurlock Permian Corp.		OGCC NO. 68625	
ADDRESS P.O. Box 4648			
CITY Houston	STATE TX	ZIP CODE 77210	
AREA CODE 713	PHONE NUMBER 646-4100	DATE OF FIRST PRODUCTION 10-1-71	

GAS GATHERER (First Purchaser)			
NAME		OGCC NO.	
ADDRESS			
CITY	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 40	ACRES ASSIGNED TO WELL 520	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
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: _____

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) Michael B. Segura TITLE Landman DATE 5-10-94
SIGNED Michael B. Segura

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY [Signature] TITLE DIRECTOR DATE JUL 1 1994
O & G Cons. Comm