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COLO. OIL & GAS CONS. COMM.

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. 47082	LEASE NAME G+m	WELL NO. 3	API NO. 05103070150
FIELD NAME & NO. Rangely	COUNTY Rio Blanco	LOCATION (1/4, SEC, TWP., RNG) NW SW 11-1N-102W	
OPERATOR NAME Twin Arrow, Inc.	OGCC OPR. NO. 90700	AREA CODE (303)	PHONE NUMBER 675-8226
OPERATOR ADDRESS P.O. Box 948		** PREVIOUS OPERATOR	
CITY Rangely	STATE Colo	ZIP CODE 81648	EFFECTIVE DATE OF CHANGE 10/1/93
		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.) Mancos	
CURRENT WELL STATUS TA	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 Eott Energy Corp.		OGCC NO. 66577	
ADDRESS P.O. Box 4666			
CITY Houston	STATE TX	ZIP CODE 77210	
AREA CODE (713)	PHONE NUMBER 993-5414	DATE OF FIRST PRODUCTION	

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 checked="" type="checkbox"/> FEDERAL	
<input type="checkbox"/> INDIAN		<input type="checkbox"/> FEE	
State, Federal or Indian Lease # _____			
TOTAL ACRES IN LEASE	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup N/A <input type="checkbox"/> Laydown	

METHOD OF WATER DISPOSAL	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT	<input checked="" 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) Linda C. Gordon TITLE Office Manager DATE 10/13/93SIGNED Linda C. Gordon

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY B. T. Brubling TITLE DIRECTOR DATE MAR 24 1994

O & G Cons. Comm.