



Oil and Gas Conservation Commission

DEPARTMENT OF NATURAL RESOURCES

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

Submit original plus as many copies as the number of wells plus five (5) additional copies. Use Page 2 of Form 10 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.

FOR OGCC USE ONLY

FEB 23 1998 PAID Ck. No. ✓ FEB 23 1998

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OGCC Operator Number: 8835	Contact Name & Phone
Name of Operator: Blue Creek, Inc.	Alvin Arlian
Address: 1801 Broadway, Suite 760	No: 292-4051
City: Denver State: CO Zip: 80202	Fax: 292-1734

Operator Bond Status

Blanket

Individual

Change of Operator

Change of Transporter or Gatherer

Effective Date: 12/01/97

Effective Date:

Complete This Section For a New or Individual Well.

OGCC Lease No: See Reverse	API Number: 05-
Well Name and Number:	Field Name and Number:
Location (QtrQtr, Sec, Twp, Rng, Meridian):	
Acres Assigned to Well	Acres in Lease:
<input type="checkbox"/> Standup <input type="checkbox"/> Laydown	Royalty Owner: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Indian
Method of Water Disposal Facility and/or Pit Number: (STEEL TANK)	<input checked="" type="checkbox"/> Central Pit <input type="checkbox"/> Commercial Pit <input type="checkbox"/> Injection Well <input type="checkbox"/> On-site Pit <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? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, interests must be common. If existing OGCC lease, lease no: _____	

OIL TRANSPORTER			GAS GATHERER		
Name of Oil Transporter Total Petroleum, Inc.	OGCC Operator No. 89000	Date of First Production This Formation	Name of Gas Gatherer North American Resources Co.	OGCC Operator No. 63800	Date of First Sales This Formation
Address P.O. Box 500			Address 1700 Broadway, Suite 2000		
City Denver	State CO	Zip 80201	City Denver,	State CO	Zip 80202
Area Code (303)	Phone Number 291-2000		Area Code (303)	Phone Number 861-9183	

If Multiple Transporter or Gatherer, Complete the Following:

OIL TRANSPORTER			GAS GATHERER		
Name of Oil Transporter	OGCC Operator No.	Date of First Production This Formation	Name of Gas Gatherer	OGCC Operator No.	Date of First Sales This Formation
Address			Address		
City	State	Zip	City	State	Zip
Area Code ( )	Phone Number		Area Code ( )	Phone Number	

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 <i>[Signature]</i>	Seller's Signature <i>[Signature]</i> /Brian W. Davis
Name of Operator Blue Creek Inc.	Name of Operator Union Pacific Resources Company
Title PRESIDENT	Title Sr. Regulatory Analyst
Date 2-18-98	Date 02/05/98

OGCC Approved: \_\_\_\_\_ Title: DIRECTOR Date: MAR 04 1998