

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. 46265	LEASE NAME Betty MCO	WELL NO. 14-A	API NO. 05 103 7143
FIELD NAME & NO. Rangely 72370	COUNTY RIO BLANCO	LOCATION (1/4, SEC, TWP, RNG) 3-W-10ZW	
OPERATOR NAME Two J Oil Comp	OGCC OPR. NO. 90732	AREA CODE (303)	PHONE NUMBER 464-0565
OPERATOR ADDRESS 3686 1/2 710 RD.	** PREVIOUS OPERATOR DeLaney Petrole		
CITY Palisade	STATE CO	ZIP CODE 81526	EFFECTIVE DATE OF CHANGE 1-1-86
			NEW OPERATOR BOND STATUS <input type="checkbox"/> BLANKET <input checked="" 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.)	
MMCS DRY Hole	
CURRENT WELL STATUS PH	DATE SHUT IN OR PRODUCTION RESUMED 4-11-1977

<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
New Well Test Data on 24 hr. Basis: Test Date _____	
_____ Bbls. Oil	_____ Mcf Gas _____ Bbls. Wtr.

<b>OIL TRANSPORTER (First Purchaser)</b>		
NAME	OGCC NO.	
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER		DATE OF FIRST PRODUCTION
( )		APR 1 1991
COLO. OIL & GAS CONS. COMM.		

<b>GAS GATHERER (First Purchaser)</b>		
NAME	OGCC NO.	
ADDRESS		
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 900	ACRES ASSIGNED TO WELL 1	<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	NO WATER

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) JACK K. Hillis TITLE O-WNER DATE 3/28/91  
SIGNED Jack K. Hillis

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY Dennis Picknell



00039016

DIRECTOR  
O & G Cons. Comm.

DATE MAY 14 1991