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COLORADO

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

COLO. OIL & GAS CON. COMM.

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 48281		LEASE NAME Peltier		WELL NO. 1-11		API NO 05-107-6082	
FIELD NAME & TSD Bear River 5950		COUNTY Routt		LOCATION (Q-Q SEC. TWP., RANG) SURFACE SE SW, T6N-R87W			
OPERATOR NAME LEBKULICH OIL				OGCC OPR. NO. 507405		AREA CODE PHONE NUMBER ()	
OPERATOR ADDRESS Box 446				** PREVIOUS OPERATOR MARKUS Production, Inc			
CITY CRAIG, COLO		STATE CO		ZIP CODE 81625		EFFECTIVE DATE OF CHANGE 7-1-95	
				NEW OPERATOR BOND STATUS <input type="checkbox"/> BLANKET <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> RIDER		/mc	

* 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.)	
Dishraca	
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 EOTT Energy operating Limited Partnership		OGCC NO. 66577	
ADDRESS P.O. Box 4666			
CITY Houston	STATE TX	ZIP CODE 77210-4666	
AREA CODE PHONE NUMBER (713) 993-5900		DATE OF FIRST PRODUCTION	

GAS GATHERER (First Purchaser) N/A		
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 40		<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER N/A	
<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) FRANK LEBKULICH TITLE OWNER DATE 7/24/95

SIGNED Frank Lebkulich

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY

TITLE

DIRECTOR
O & G Cons. Comm.

DATE

SEP 29 1995