

19293

OGCC FORM 10
Rev. 8/89

00202422

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. 48281	LEASE NAME Peltier	WELL NO. 1-11	API NO. 05-107-6082
FIELD NAME & NO. Bear River 5950	COUNTY Routt	LOCATION (% 4. SEC. TWP. RANG) Surface SE SW 11, T6N-R87W	
OPERATOR NAME CREDO Petroleum Corporation		OGCC OPR. NO. 21180	AREA CODE PHONE NUMBER (303) 830-8500
OPERATOR ADDRESS 1801 Broadway, Suite 900		** PREVIOUS OPERATOR	
CITY Denver	STATE CO	ZIP CODE 80202	EFFECTIVE DATE OF CHANGE
			NEW OPERATOR BOND STATUS <input 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.)	
Niobrara	
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)		
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 600	ACRES ASSIGNED TO WELL 40	<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: REORGANIZATION OF EOTT ENERGY CORP., EFFECTIVE 04/01/94.

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) James T. Huffman TITLE President DATE 5/5/94
SIGNED [Signature]

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY [Signature] TITLE DIRECTOR DATE JUN 10 1994
O & G Cons. Comm.