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STATE OF COLORADO  
AS CONSERVATION COMMISSION  
MENT OF NATURAL RESOURCES



CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original & 3 copies per well)

FOR OFFICE USE ONLY			
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*OGCC LEASE NO. <b>69225</b>		LEASE NAME <b>Wells-Calve</b>		WELL NO. <b>12-22</b>		API NO. <b>05-123-10176</b>	
FIELD NAME <b>Wyatt School</b>		FIELD NO. <b>95200</b>	COUNTY <b>Weld</b>	LOCATION (QQ, SEC, TWP, RNG) <b>SW/4NW/4 Sec 22-7N-65W</b>			
OPERATOR NAME <b>Prima Exploration, Inc.</b>				OGCC OPR. NO. <b>72080</b>		AREA CODE / PHONE NUMBER <b>(303) 779-0402</b>	
OPERATOR ADDRESS <b>7800 E. Union Avenue Ste 605</b>				**PREVIOUS OPERATOR			
CITY <b>Denver</b>	STATE <b>CO</b>	ZIP CODE <b>80237</b>	EFFECTIVE CHANGE DATE			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.)  
FORMATION(S): **Codell**

CURRENT WELL STATUS <b>Producing</b>	DATE SHUT IN OR PRODUCTION RESUMED
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**TYPE OF COMPLETION**  
(More than one may apply.)

NEW COMPLETION  COMMINGLED COMPLETION  
 RECOMPLETION  MULTIPLE COMPLETION

New Well Test Data on 24 hr. Basis; Test Date: \_\_\_\_\_  
Bbls Oil \_\_\_\_\_ MCF Gas \_\_\_\_\_ Bbls. Water \_\_\_\_\_

**OIL TRANSPORTER (First Purchaser)**

NAME <b>Texaco Trading &amp; Transportation</b>	OGCC NO. <b>33940</b>
ADDRESS <b>P O Box 5568</b>	
CITY <b>Denver</b>	STATE <b>CO</b>
ZIP CODE <b>80217</b>	
AREA CODE / PHONE NO. <b>(303) 793-4000</b>	DATE OF FIRST PRODUCTION

**GAS GATHERER (First Purchaser)**

NAME <b>N/A</b>	OGCC NO.
ADDRESS	
CITY	STATE
ZIP CODE	
AREA CODE / PHONE NO.	DATE OF FIRST SALES

**ROYALTY OWNER**

STATE  FEDERAL  
 INDIAN  FEE

State, Federal or Indian Lease #:

TOTAL ACRES IN LEASE <b>314</b>	ACRES ASSIGNED TO WELL <b>40</b>	STANDUP LAYDOWN
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**METHOD OF WATER DISPOSAL**

FACILITY NUMBER \_\_\_\_\_

CENTRAL PIT  COMMERCIAL PIT  
 ON-SITE PIT  INJECTION WELL  
 N/A

Remarks: Revisions are being made due to change in oil purchaser, name change only for gas purchaser.

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: Liz Bruner TITLE: Production Tech DATE: 04/24/96

SIGNED: *Liz Bruner*



(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY: *B. Brilling*

TITLE: DIRECTOR DATE: MAY 22 1996  
Q & G Cons. Comm