



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. <b>46265</b>	LEASE NAME <b>Betty Pam Ameri</b>	WELL NO. <b>12A</b>	API NO. <b>0510372030</b>
FIELD NAME & NO. <b>Bangely 72370</b>	COUNTY <b>Rio Blanco</b>	LOCATION (1/4, SEC, TWP., RNG) <b>NW - Sec 4 - T1N - 102W</b>	
OPERATOR NAME <b>Two J Oil Camp</b>		OGCC OPR. NO. <b>90732</b>	AREA CODE PHONE NUMBER <b>(303) 464-0565</b>
OPERATOR ADDRESS <b>3686 E 7th Rd</b>		** PREVIOUS OPERATOR <b>Delaney Petrole</b>	
CITY <b>Palisade</b>	STATE <b>Co</b>	ZIP CODE <b>81526</b>	EFFECTIVE DATE OF CHANGE <b>1-1-96</b>
			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.

**PRODUCING FORMATION(S)** (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)

CURRENT WELL STATUS <b>P.A.</b>	DATE SHUT IN OR PRODUCTION RESUMED <b>7-28-77</b>
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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. Wtr.

**OIL TRANSPORTER (First Purchaser)**

NAME <b>unknown to us</b>	OGCC NO.	
ADDRESS <b>RECEIVED</b>		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER <b>MAR 7 1991</b>	DATE OF FIRST PRODUCTION	

**GAS GATHERER (First Purchaser)**

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

**ROYALTY OWNER**

- ☐ STATE ☐ FEDERAL  
☐ INDIAN ☒ FEE

State, Federal or Indian Lease # \_\_\_\_\_

TOTAL ACRES IN LEASE <b>900</b>	ACRES ASSIGNED TO WELL <b>1</b>	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown
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**METHOD OF WATER DISPOSAL**

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

- ☐ CENTRAL PIT ☐ COMMERCIAL PIT  
☐ ON-SITE PIT ☐ INJECTION WELL  
☒ 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) **JACK K. Hillis** TITLE **owner** DATE **3-4-91**

SIGNED **Jack K. Hillis**

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY **Dennis Ricknell** TITLE \_\_\_\_\_

**DIRECTOR**  
O & G Cons. Comm.

DATE **MAR 27 1991**