

OGC  
Rev. 8/88  
00046519

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 BRICK	WELL NO. 20-A	API NO. 05 10373040
FIELD NAME & NO. Rangely 72370	COUNTY	LOCATION (1/4, SEC, TWP, RNG) NW Sec #4 T1N 102W	
OPERATOR NAME Toro Oil Comp.	OGCC OPR. NO. 90732	AREA CODE (303)	PHONE NUMBER 464-0565
OPERATOR ADDRESS 3686 2 1/2 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.)	
CURRENT WELL STATUS P.H.	DATE SHUT IN OR PRODUCTION RESUMED MNCOS 4-4-72

<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 UN KNOWN TO US		OGCC NO.	
ADDRESS <b>RECEIVED</b>			
CITY	STATE	ZIP CODE	
AREA CODE PHONE NUMBER MAR 7 1991		DATE OF FIRST PRODUCTION	
COLO. OIL & GAS CONS. COMM.			

<b>GAS GATHERER (First Purchaser)</b>		
NAME NA		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 checked="" 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) JACK R. Hillis TITLE OWNER DATE 3-4-91  
SIGNED Jack R. Hillis

(THIS SPACE FOR STATE OFFICE USE ONLY)  
APPROVED BY Dennis Ricknell TITLE DIRECTOR DATE MAR 27 1991  
O & G Cons. Comm.