

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

RECEIVED

SEP - 2 1993

COLORADO OIL &amp; GAS CONSERVATION COMMISSION

## CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

* OGCC LEASE NO. <del>T39040-1</del>		LEASE NAME Arnold Lowe #2		WELL NO. 2	API NO. 05-017-06366
FIELD NAME & NO. Grouse		COUNTY Cheyenne		LOCATION (1/4, SEC, TWP., RNG) NWNE Sec 26 T15S R46W	
OPERATOR NAME Lewis & Clark Exploration Co.		OGCC OPR. NO. 50778		AREA CODE (303)	PHONE NUMBER 894-9805
OPERATOR ADDRESS 1660 Lincoln St. #1601		** PREVIOUS OPERATOR ORyx Energy Company			
CITY Denver	STATE CO	ZIP CODE 80264-1601	EFFECTIVE DATE OF CHANGE 6-1-93	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.)

Spergen

CURRENT WELL STATUS SI	DATE SHUT IN OR PRODUCTION RESUMED <del>1-91</del> 7/89
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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 Permian Opert. Ltd. Part.		OGCC NO. 68625	
ADDRESS P.O. Box 3119			
CITY Midland	STATE TX	ZIP CODE 79702	
AREA CODE (915)	PHONE NUMBER 683-4711	DATE OF FIRST PRODUCTION 2-23-83	

## GAS GATHERER (First Purchaser)

NAME N/A		OGCC NO.	
ADDRESS			
CITY	STATE	ZIP CODE	
AREA CODE ( )	PHONE NUMBER	DATE OF FIRST SALES	

## ROYALTY OWNER

- ☐ STATE  
☐ INDIAN

- ☐ FEDERAL  
☒ FEE

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

TOTAL ACRES IN LEASE <del>640</del> 320	ACRES ASSIGNED TO WELL 40	<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

VIOLATION  
Rule(s): 310 cSTATUS REPORT REQUIRED  
EVERY 12 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS.

Remarks: Comply with Rule 317b

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)

Donald R. Hembre

TITLE

President

DATE

8.19.93

SIGNED

Donald R. Hembre

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY

NOT APPROVED JEP

TITLE

DATE



STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

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**CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR**

(Please submit original and 3 copies per well)

* OGCC LEASE NO. <b>10948</b> <del>T39040-1</del>		LEASE NAME <b>Arnold Lowe #2</b>		WELL NO. <b>2</b>	API NO. <b>05-017-06366</b>
FIELD NAME & NO. <b>Grouse</b>		COUNTY <b>Cheyenne</b>		LOCATION (1/4, SEC, TWP., RNG) <b>C NWNE Sec 26 T15S R46W</b>	
OPERATOR NAME <b>Lewis &amp; Clark Exploration Co.</b>		OGCC OPR. NO. <b>50778</b>		AREA CODE PHONE NUMBER <b>(303) 894-9805</b>	
OPERATOR ADDRESS <b>1660 Lincoln St. #1601</b>		** PREVIOUS OPERATOR <b>Oryx Energy Company</b>		NEW OPERATOR BOND STATUS <input type="checkbox"/> BLANKET <input type="checkbox"/> SINGLE <input type="checkbox"/> RIDER	
CITY <b>Denver</b>	STATE <b>CO</b>	ZIP CODE <b>80264-1601</b>	EFFECTIVE DATE OF CHANGE <b>6-1-93</b>		

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\*\* 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.) <b>Spergen</b>	
CURRENT WELL STATUS <b>SI</b>	DATE SHUT IN OR PRODUCTION RESUMED <b>1-1-91 7/89</b>

<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 <b>Permian Opert. Ltd. Part.</b>		OGCC NO. <b>68625</b>	
ADDRESS <b>P.O. Box 3119</b>			
CITY <b>Midland</b>	STATE <b>TX</b>	ZIP CODE <b>79702</b>	
AREA CODE PHONE NUMBER <b>(915) 683-4711</b>		DATE OF FIRST PRODUCTION <b>2-23-83</b>	

<b>GAS GATHERER (First Purchaser)</b>			
NAME <b>N/A</b>		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 <b>640.320</b>	ACRES ASSIGNED TO WELL <b>40</b>	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown	

<b>METHOD OF WATER DISPOSAL</b>	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT	<input checked="" type="checkbox"/> COMMERCIAL PIT
<input type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> N/A	

**VIOLATION**  
**Rule(s): 310c**

Remarks: **Comply with Rule 317b**

**STATUS REPORT REQUIRED**  
**EVERY 12 MONTHS ON SHUT-IN**  
**& TEMPORARILY ABANDONED WELLS.**

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) **Donald R. Hembre** TITLE **President** DATE **8.19.93**  
SIGNED **Donald R. Hembre**

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_



STATE OF COLORADO  
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FIELD NAME & NO. Grouse		COUNTY Cheyenne		LOCATION (1/4, SEC, TWP., RNG) C NWNE Sec 26 T15S R46W	
OPERATOR NAME Lewis & Clark Exploration Co.		OGCC OPR. NO. 50778		AREA CODE PHONE NUMBER (303) 894-9805	
OPERATOR ADDRESS 1660 Lincoln St. #1601		** PREVIOUS OPERATOR ORyx Energy Company		NEW OPERATOR BOND STATUS	
CITY Denver	STATE CO	ZIP CODE 80264-1601	EFFECTIVE DATE OF CHANGE 6-1-93	<input type="checkbox"/> BLANKET <input type="checkbox"/> SINGLE <input type="checkbox"/> RIDER	

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<b>PRODUCING FORMATION(S)</b> (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.) Spergen	
CURRENT WELL STATUS SI	DATE SHUT IN OR PRODUCTION RESUMED 11-91 7/89

<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 Permian Opert. Ltr. Part.		OGCC NO. 68625	
ADDRESS P.O. Box 3119			
CITY Midland	STATE TX	ZIP CODE 79702	
AREA CODE PHONE NUMBER (915) 683-4711	DATE OF FIRST PRODUCTION 2-23-83		

<b>GAS GATHERER (First Purchaser)</b>		
NAME N/A		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"/> INDIAN	<input type="checkbox"/> FEDERAL <input checked="" type="checkbox"/> FEE
State, Federal or Indian Lease # _____	
TOTAL ACRES IN LEASE 640	ACRES ASSIGNED TO WELL <input type="checkbox"/> Standup <input type="checkbox"/> Laydown

<b>METHOD OF WATER DISPOSAL</b>	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT <input type="checkbox"/> ON-SITE PIT <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> COMMERCIAL PIT <input type="checkbox"/> INJECTION WELL

Remarks: \_\_\_\_\_

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NAME (PRINT) Donald R. Hembre TITLE President DATE 8.19.93  
SIGNED Donald R. Hembre

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APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_



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<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.	

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ADDRESS P.O. Box 3119			
CITY Midland	STATE TX	ZIP CODE 79702	
AREA CODE PHONE NUMBER (915) 683-4711	DATE OF FIRST PRODUCTION 2-23-83		

GAS GATHERER (First Purchaser)			
NAME N/A		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 640	ACRES ASSIGNED TO WELL		<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT	<input checked="" type="checkbox"/> COMMERCIAL PIT
<input type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> N/A	

Remarks: \_\_\_\_\_

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NAME (PRINT) Donald R. Hembree TITLE President DATE 8.19.93  
SIGNED Donald R. Hembree

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