



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. 68958		LEASE NAME LaPoudre South #4		WELL NO. #4	APINO 05-123-15684
FIELD NAME & NO. Wattenberg		COUNTY Weld	LOCATION (Q-G SEC. TWP., RNG) SESW 31 T6N-R66W		
OPERATOR NAME Blue Chip Oil, Inc.			OGCC OPR. NO. 08840	AREA CODE PHONE NUMBER (970 ) 221-7288	
OPERATOR ADDRESS 236 Linden, Suite #1			** PREVIOUS OPERATOR Western Production Company		
CITY Fort Collins	STATE CO	ZIP CODE 80525	EFFECTIVE DATE OF CHANGE 4-1-96	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.)  Sussex	
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. Wt	

OIL TRANSPORTER (First Purchaser)			
NAME Total Petroleum		OGCC NO. 2500	
ADDRESS PO Box 500			
CITY Denver	STATE CO	ZIP CODE 80201	
AREA CODE PHONE NUMBER ( 303 ) 291-2009		DATE OF FIRST PRODUCTION	

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	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown	
	40		

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 checked="" type="checkbox"/> N/A	

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



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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.

David R. Emery

General Manager

4/18/96

NAME (PRINT)

SIGNED

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY

TITLE

DIRECTOR  
O & G Cons. Comm.

DATE

JUL 10 1996