

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



00223481

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY			
ET	FE	UC	SE

OGCC LEASE NO <b>68958</b>	LEASE NAME <b>La Poudre South #4</b>	WELL NO <b>#4</b>	API NO <b>05 123 15684</b>
FIELD NAME & NO <b>La Poudre South 48130</b>		COUNTY <b>Weld</b>	LOCATION (T, R, SEC, TWP., RNG) <b>SESW Sec. 31-T6N-R66W</b>
OPERATOR NAME <b>Western Production Company</b>		OGCC OPR NO <b>95715</b>	AREA CODE PHONE NUMBER <b>( 303 ) 746-3517</b>
OPERATOR ADDRESS <b>923 Grieves Rd.</b>		** PREVIOUS OPERATOR <b>Blue Chip Oil, Inc.</b>	
CITY <b>Newcastle,</b>	STATE <b>WY</b>	ZIP CODE <b>82701</b>	EFFECTIVE DATE OF CHANGE
			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.) <b>Sussex</b>	
CURRENT WELL STATUS <b>Producing</b>	DATE SHUT IN OR PRODUCTION RESUMED <b>5-31-92</b>

TYPE OF COMPLETION (More than one may apply)	
<input checked="" 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 <b>5-31-92</b> <b>15.03</b> Bbls. Oil <b>0</b> Mcf Gas <b>20.04</b> Bbls. Wtr.	

OIL TRANSPORTER (First Purchaser)		
NAME <b>Amoco Production Company</b>		OGCC NO <b>02500</b>
ADDRESS <b>1670 Broadway</b>		
CITY <b>Denver,</b>	STATE <b>CO</b>	ZIP CODE <b>80201</b>
AREA CODE PHONE NUMBER <b>( 303 ) 830-4040</b>	DATE OF FIRST PRODUCTION <b>5-31-92</b>	

GAS GATHERER (First Purchaser)		
NAME <b>n/a</b>		OGCC NO
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER <b>( )</b>	DATE OF FIRST SALES	

ROYALTY OWNER		
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL	
<input type="checkbox"/> INDIAN	<input type="checkbox"/> FEE	
State, Federal or Indian Lease & GAS CONS. COMM.		
TOTAL ACRES IN LEASE <b>220</b>	ACRES ASSIGNED TO WELL <b>80</b>	<input type="checkbox"/> Standup <input checked="" type="checkbox"/> Laydown

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:

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) <b>David R. Emery</b>	TITLE <b>Petroleum Engineer</b>	DATE <b>6/15/92</b>
SIGNED <i>David R. Emery</i>		

THIS SPACE FOR STATE OFFICE USE ONLY		
APPROVED BY <i>Dominic R. Erickson</i>	TITLE <b>DIRECTOR</b> O & G Cons. Comm.	DATE <b>JUL 27 1992</b>