

State of Colorado
Oil and Gas Conservation Commission
DEPARTMENT OF NATURAL RESOURCES

00223471

FOR OGCC USE ONLY

AUG 15 1997

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

Submit original plus as many copies as the number of wells plus five (5) additional copies. Use Page 2 of Form 10 for multiple wells changing from the same operator to the new operator or when the "Change of Transporter/Gatherer" on multiple wells are the same. This form is not to be used for Well Name changes or Status changes. A separate FORM 10 must be submitted for each new completion and a FORM 10 for each producing formation of a Multiple Completion. It is the Operator's responsibility to mail approved copies to the new Transporter and/or Gatherer for each well listed.

ET OE PR ES

Operator Bond Status

☒ Blanket
☐ Individual

OGCC Operator Number: 08840
Name of Operator: Blue Chip Oil, Inc.
Address: 19 Old Town Square
City: Ft. Collins State: CO Zip: 80524
Contact Name & Phone: TIM HAGER
No: 970-493-6456
Fax: 970-482-0251

☐ Change of Operator

Effective Date:

☒ Change of Transporter or Gatherer

Effective Date:

5-96

Complete This Section For a New or Individual Well.

OGCC Lease No:	API Number: 05-
Well Name and Number:	Field Name and Number:
Location (QtrQtr, Sec, Twp, Rng, Meridian):	Acres in Lease:
Acres Assigned to Well <input type="checkbox"/> Standup <input type="checkbox"/> Laydown	Royalty Owner: <input type="checkbox"/> Fee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Indian State, Federal or Indian Lease No:
Method of Water Disposal Facility and/or Pit Number:	<input type="checkbox"/> Central Pit <input type="checkbox"/> On-site Pit <input type="checkbox"/> Commercial Pit <input type="checkbox"/> Injection Well <input type="checkbox"/> NA
Producing Formation(s):	Recompletion? <input type="checkbox"/> Y <input type="checkbox"/> N
Current Well Status:	Date Shut In or Production Resumed:
Multiple Well Lease? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, interests must be common. If existing OGCC lease, lease no: _____	

OIL TRANSPORTER		GAS GATHERER	
Name of Oil Transporter Amoco	OGCC Operator No. 02500	Name of Gas Gatherer	OGCC Operator No.
Address P.O. Box 591		Address	
City Tulsa	State Oklahoma	City	State
Area Code (918)	Phone Number 581-4800	Area Code ()	Phone Number
Date of First Production This Formation 1991		Date of First Sales This Formation	

If Multiple Transporter or Gatherer, Complete the Following:

OIL TRANSPORTER		GAS GATHERER	
Name of Oil Transporter	OGCC Operator No.	Name of Gas Gatherer	OGCC Operator No.
Address		Address	
City	State	City	State
Area Code ()	Phone Number	Area Code ()	Phone Number
Date of First Production This Formation		Date of First Sales This Formation	

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.

Buyer or Current Operator's Signature Tim Hager	Seller's Signature
Name of Operator Blue Chip Oil, Inc.	Name of Operator
Title President	Title
Date 8-12-97	Date

OGCC Approved:

Title:

DIRECTOR
O & G Cons. Comm

Date:

AUG 20 1997

OGCC Operator Number: 08840

Total Number of Wells Submitted: 4

Name of Operator Blue Chip Oil Inc

Total Number of Wells This Page: 4

Date: 8-12-97

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