



00514442

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
OF NATURAL RESOURCES

RECEIVED

## CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR 1993

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY  
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|   |                                       |   |   |
|---|---------------------------------------|---|---|
| OGCC LEASE NO<br><b>11171</b>                           | LEASE NAME<br><b>Christopher 34-1</b> | WELL NO<br><b>#2</b>  | COLORADO OIL & GAS CONSERV. COMM.<br><b>05-017-7375</b> |
| FIELD NAME & NO<br><b>Speaker 77825</b>                 | COUNTY                                | LOCATION (T. R. SEC. TWP. R. NG)<br><b>SW/SE Sec. 1-12S-51W</b>   |   |
| OPERATOR NAME<br><b>UNION PACIFIC RESOURCES COMPANY</b> |                                       | OGCC OPR NO<br><b>91100</b>   | AREA CODE PHONE NUMBER<br><b>(817) 877-</b>             |
| OPERATOR ADDRESS<br><b>P.O. BOX 8, MS 3407</b>          |                                       | ** PREVIOUS OPERATOR  |   |
| CITY<br><b>Fort Worth, Texas 76101-0007</b>             | STATE                                 | ZIP CODE  | EFFECTIVE DATE OF CHANGE                                |
|   |                                       | NEW OPERATOR BOND STATUS<br><input 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.)<br><b>Morrow</b> |                                    |
| CURRENT WELL STATUS<br><b>Producing</b>   | DATE SHUT IN OR PRODUCTION RESUMED |

|   |  |
|---|--|
| 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>6-3-93</b> |  |
| <b>177</b> Bbls. Oil  | <b>157</b> Mcf Gas <b>0</b> Bbls. Wtr.         |

|   |   |                          |
|---|---|--------------------------|
| OIL TRANSPORTER (First Purchaser)               |   |                          |
| NAME<br><b>KOCH OIL CO.</b>                     | OGCC NO<br><b>49130</b>                     |                          |
| ADDRESS<br><b>P.O. BOX 2256</b>                 |   |                          |
| CITY<br><b>WICHITA</b>                          | STATE<br><b>KS</b>                          | ZIP CODE<br><b>67201</b> |
| AREA CODE PHONE NUMBER<br><b>(316) 832-5500</b> | DATE OF FIRST PRODUCTION<br><b>06-02-93</b> |                          |

|                                      |                     |          |
|--------------------------------------|---------------------|----------|
| GAS GATHERER (First Purchaser)       |                     |          |
| NAME<br><b>N/A</b>                   | OGCC NO             |          |
| ADDRESS                              |                     |          |
| CITY                                 | STATE               | ZIP CODE |
| AREA CODE PHONE NUMBER<br><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 # <b>UPRR (Land Grant)</b> |                                     |   |
| TOTAL ACRES IN LEASE<br><b>642.1</b>                      | ACRES ASSIGNED TO WELL<br><b>80</b> | <input checked="" type="checkbox"/> Standup<br><input type="checkbox"/> Laydown |

|                                      |   |
|--------------------------------------|---|
| METHOD OF WATER DISPOSAL             |   |
| FACILITY NUMBER <b>N/A</b>           |   |
| <input type="checkbox"/> CENTRAL PIT | <input type="checkbox"/> COMMERCIAL PIT |
| <input type="checkbox"/> ON-SITE PIT | <input type="checkbox"/> INJECTION WELL |
| <input 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) **Cami Minzenmayer** TITLE **Regulatory Analyst** DATE **7/16/93**SIGNED **Cami Minzenmayer**

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY **E. Brubaker** TITLE **DIRECTOR** DATE **JAN 05 1994**

O &amp; G Cons. Comm.