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CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR NOV 06 1993

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY
ET: 7 FE: J LUC: SE

OGCC LEASE NO 11171	LEASE NAME Christopher 34-1	WELL NO #2	COLORADO OIL & GAS CONSERV. COMM. 05-017-7375
FIELD NAME & NO Speaker 77825	COUNTY	LOCATION (T. S. SEC. TWP. R. NG) SW/SE Sec. 1-12S-51W	
OPERATOR NAME UNION PACIFIC RESOURCES COMPANY		OGCC OPR NO 91100	AREA CODE PHONE NUMBER (817) 877-5577
OPERATOR ADDRESS P.O. BOX 8, MS 3407		** PREVIOUS OPERATOR	
CITY Fort Worth, Texas 76101-0007	STATE	ZIP CODE	EFFECTIVE DATE OF CHANGE
			NEW OPERATOR BOND STATUS <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.) <i>Morrow</i>	
CURRENT WELL STATUS Producing	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 6-3-93	
177 Bbls. Oil	157 Mcf Gas 0 Bbls. Wtr.

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

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 type="checkbox"/> FEE		
State, Federal or Indian Lease # UPRR (Land Grant)			
TOTAL ACRES IN LEASE 642.1	ACRES ASSIGNED TO WELL 80	<input checked="" type="checkbox"/> Standup <input type="checkbox"/> Laydown	

METHOD OF WATER DISPOSAL	
FACILITY NUMBER	N/A
<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 [Signature] TITLE DIRECTOR DATE JAN 05 1994
O & G Cons. Comm