

STATE OF COLORADO
OIL & 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 | | | |
|---------------------|----|----|----|
| ET | FE | UC | SE |

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|--|--------------------------------|--|---|
| OGCC LEASE NO. 15100 | LEASE NAME Christopher 34-1 | WELL NO. 2 | API NO. 05-017-7375 |
| FIELD NAME & NO. Speaker 77825 | COUNTY Cheyenne * | LOCATION (1/4, SEC., TWP., RNG.) SW/SE Sec. 1, T.12S., R.51W. | |
| OPERATOR NAME Union Pacific Resources Company | | OGCC OPR. NO. 91100 | AREA CODE 817 |
| OPERATOR ADDRESS P.O. Box 7 MS 3006 | | PHONE NUMBER 877-7941 | |
| CITY Fort Worth, | | **PREVIOUS OPERATOR | |
| STATE TX | ZIP CODE 76101-0007 | EFFECTIVE DATE OF CHANGE 2-1-95 | 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.

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| PRODUCING FORMATION(S) (A separate Form 10 must be submitted for each producing formation of a Multiple Completion.) Morrow | | TYPE OF COMPLETION (More than one may apply) N/A <input type="checkbox"/> NEW COMPLETION <input type="checkbox"/> COMMINGLED COMPLETION <input type="checkbox"/> RECOMPLETION <input type="checkbox"/> MULTIPLE COMPLETION | |
| CURRENT WELL STATUS Producing | DATE SHUT IN OR PRODUCTION RESUMED N/A | New Well Test Data on 24 hr. Basis: Test Date _____ Bbls. Oil _____ Mcf Gas _____ Bbls. Wtr _____ | |

| | | | |
|--|---------------------------------|---------------------------------------|--------------------|
| OIL TRANSPORTER (First Purchaser) | | GAS GATHERER (First Purchaser) | |
| NAME Scurlock Permian | OGCC NO. 68625 | NAME N/A | OGCC NO. |
| ADDRESS 650 S. Cherry Street - Suite 1220 | | ADDRESS | |
| CITY Denver | STATE CO | CITY | STATE |
| ZIP CODE 80222 | DATE OF FIRST PRODUCTION N/A | ZIP CODE | DATE OF FIRST SALE |
| AREA CODE (303) | PHONE NUMBER 320-3999 | AREA CODE | PHONE NUMBER |

| | | | |
|--|--|--|--|
| ROYALTY OWNER <input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL <input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> FEE State, Federal or Indian Lease # UPRR Land Grant | | 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 | |
| TOTAL ACRES IN LEASE Unitized Field | ACRES ASSIGNED TO WELL <input type="checkbox"/> Standup <input type="checkbox"/> LayDown | | |

Remarks New OGCC Lease Number

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) Wanda Bartell TITLE Regulatory Analyst DATE 1-31-96

SIGNED *Wanda Bartell*

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY *A. Brubling* TITLE DIRECTOR DATE APR 02 1996

O & G Cons. Comm.