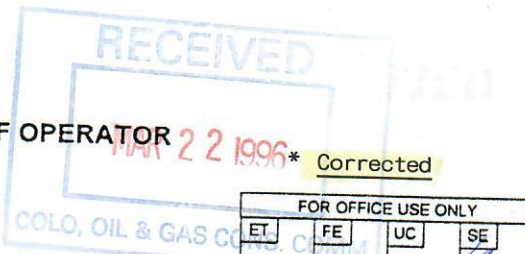




STATE OF COLORADO
OIL & GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)



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		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.

PRODUCING FORMATION(S) (A separate Form 10 must be submitted for each producing formation of a Multiple Completion.) Morrow	
CURRENT WELL STATUS Producing	DATE SHUT IN OR PRODUCTION RESUMED N/A

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	
New Well Test Data on 24 hr. Basis: Test Date _____ Bbls. Oil _____ Mcf Gas _____ Bbls. Wtr _____	

OIL TRANSPORTER (First Purchaser)	
NAME Sinclair Oil Corporation	OGCC NO.
ADDRESS P.O. Box 1677	
CITY Englewood	STATE CO
AREA CODE (303) 761-9201	ZIP CODE 80150
DATE OF FIRST PRODUCTION N/A	

GAS GATHERER (First Purchaser)	
NAME N/A	OGCC NO.
ADDRESS	
CITY	STATE
AREA CODE PHONE NUMBER	ZIP CODE
DATE OF FIRST SALE	

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

METHOD OF WATER DISPOSAL	
FACILITY NUMBER <u>N/A</u>	
<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 New OGCC Lease Number

*Filed incorrect Oil Transporter on OGCC Form 10 dated 1-31-96.

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 3-20-96
SIGNED Wanda Bartell

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY B. Brubling TITLE DIRECTOR DATE APR 02 1996
O & Gas Cons. Comm