



00271938

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

## CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original &amp; 3 copies per well)

*OGCC LEASE NO. <b>13357</b>		LEASE NAME <b>BLEVINS A</b>		WELL NO. <b>1</b>	API NO. <b>05-057-05085</b>	
FIELD NAME <b>CANADIAN RIVER</b>		FIELD NO. <b>10100</b>	COUNTY <b>JACKSON</b>	LOCATION (QQ, SEC, TWP, RNG) <b>NENW SEC 11 T9N R78W</b>		
OPERATOR NAME <b>TOM BROWN, INC.</b>				OGCC OPR. NO. <b>11050</b>	AREA CODE / PHONE NUMBER <b>915-682-9715</b>	
OPERATOR ADDRESS <b>508 W. WALL</b>				**PREVIOUS OPERATOR		
CITY <b>MIDLAND</b>	STATE <b>TX</b>	ZIP CODE <b>79701</b>		EFFECTIVE CHANGE DATE	NEW OPERATOR BOND STATUS <input checked="" 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.) FORMATION(S): <b>MDDY</b>	
CURRENT WELL STATUS <b>SI</b>	DATE SHUT IN OR PRODUCTION RESUMED <b>05/01/95</b>

TYPE OF COMPLETION (More than one may apply.) <input type="checkbox"/> NEW COMPLETION <input type="checkbox"/> COMINGLED 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. Water _____	

OIL TRANSPORTER (First Purchaser)		
NAME		OGCC NO.
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE / PHONE NO.		DATE OF FIRST PRODUCTION

GAS GATHERER (First Purchaser)		
NAME <b>Rocky Mtn Natural Gas Company</b>		OGCC NO. <b>74900</b>
ADDRESS <b>P.O. Box 281304</b>		
CITY <b>Lakewood</b>	STATE <b>CO</b>	ZIP CODE <b>80228-8304</b>
AREA CODE / PHONE NO. <b>(303)989-1740</b>		DATE OF FIRST SALES <b>12/1/56</b>

ROYALTY OWNER		
<input type="checkbox"/> STATE <input type="checkbox"/> INDIAN	<input checked="" type="checkbox"/> FEDERAL FEE	
State, Federal or Indian Lease #:		
TOTAL ACRES IN LEASE <b>800</b>	ACRES ASSIGNED TO WELL	STANDUP LAYDOWN

METHOD OF WATER DISPOSAL	
FACILITY NUMBER	
<input checked="" type="checkbox"/> CENTRAL PIT <input checked="" type="checkbox"/> ON-SITE PIT <input type="checkbox"/> N/A	<input type="checkbox"/> COMMERCIAL PIT <input type="checkbox"/> INJECTION WELL

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: Carol Criss TITLE: Engineering Technician DATE: 04/26/96SIGNED: Carol Criss

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY: [Signature]TITLE: DIRECTORO & G Cons. Comm.DATE: MAY 22 1996