



STATE OF COLORADO
OIL AND 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	SEL

OGCC LEASE NO 58308	LEASE NAME Kadlub - Miller	WELL NO 2	API NO 0512311849
FIELD NAME & NO Severance	COUNTY Weld	LOCATION (G-Q SEC. TWP., RNG) SEW 13 T6N R67W	
OPERATOR NAME Philip Shepardson, d/b/a Rico Resources		OGCC OPR NO 74549	AREA CODE PHONE NUMBER (303) 475 2245
OPERATOR ADDRESS 621 17th Street #1300		** PREVIOUS OPERATOR Mission Oil Corporation	
CITY Denver	STATE Colorado	ZIP CODE 80293	EFFECTIVE DATE OF CHANGE 9/1/93
			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.) Niobrara - <u>COOL</u>	
CURRENT WELL STATUS Prod.	DATE SHUT IN OR PRODUCTION RESUMED

TYPE OF COMPLETION (More than one may apply)	
<input type="checkbox"/> NEW COMPLETION	<input checked="" 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 Associated Transport & Trading		OGCC NO 04681	
ADDRESS 100 N. Broadway #2500			
CITY Oklahoma City	STATE Okla.	ZIP CODE 73102	
AREA CODE PHONE NUMBER (405) 239 7191	DATE OF FIRST PRODUCTION		

GAS GATHERER (First Purchaser)			
NAME Associated Natural Gas Inc.		OGCC NO 04680	
ADDRESS 370 17th Street #900			
CITY Denver	STATE Colo	ZIP CODE 80202	
AREA CODE PHONE NUMBER (303) 595 0480	DATE OF FIRST SALES		

ROYALTY OWNER			
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL		
<input type="checkbox"/> INDIAN	<input checked="" type="checkbox"/> FEE		
State, Federal or Indian Lease # _____			
TOTAL ACRES IN LEASE 160	ACRES ASSIGNED TO WELL 80	<input type="checkbox"/> Standup	<input checked="" type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL			
FACILITY NUMBER _____			
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT		
<input type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL		
<input checked="" 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) Philip Shepardson TITLE _____ DATE 10/6/93

SIGNED [Signature]

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY [Signature] TITLE _____ DATE DEC 16 1993

DIRECTOR
O & G Cons. Comm.