



Oil and Gas Conservation Commission
DEPARTMENT OF NATURAL RESOURCES



FOR OGCC USE ONLY

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COLO. OIL & GAS CON. COMM.

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CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

Submit original plus as many copies as the number of wells plus five (5) additional copies. Use Page 2 of Form 10 for multiple wells changing from the same operator to the new operator or when the "Change of Transporter/Gatherer" on multiple wells are the same. This form is not to be used for Well Name changes or Status changes. A separate FORM 10 must be submitted for each new completion and a FORM 10 for each producing formation of a Multiple Completion. It is the Operator's responsibility to mail approved copies to the new Transporter and/or Gatherer for each well listed.

Operator Bond Status

Blanket
 Individual

OGCC Operator Number 41385	Contact Name & Phone
Name of Operator: HS Resources, Inc.	Elaine Rivas
Address: 3939 Carson Avenue	No: 970-330-0614
City: Evans State: CO Zip: 80620	Fax: 970-330-0431

Change of Operator
Effective Date: _____

Change of Transporter or Gatherer
Effective Date: _____

Complete This Section For a New or Individual Well.

OGCC Lease No: 63756	API Number: 05-123-19289
Well Name and Number: HSR-Berry 7-8	Field Name and Number: Wattenberg 90750
Location (QtrQtr, Sec, Twp, Rng, Meridian) SW/NE Sec 8-T3N-R67W 6th P.M.	Acres in Lease: 240
Acres Assigned to Well <input checked="" type="checkbox"/> Standup <input type="checkbox"/> Laydown 80 W/2NE/4	Royalty Owner: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian State, Federal or Indian Lease No:
Method of Water Disposal Facility and/or Pit Number: CDSLCC-351	<input type="checkbox"/> Central Pit <input type="checkbox"/> Commercial Pit <input checked="" type="checkbox"/> Injection Well <input type="checkbox"/> NA <input type="checkbox"/> On-site Pit
Producing Formation(s): NB/CD	Recompletion? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Current Well Status: producing	Date Shut In or Production Resumed:
Multiple Well Lease? <input checked="" type="checkbox"/> N <input type="checkbox"/> Y If yes, interests must be common. If existing OGCC lease, lease no:	

OIL TRANSPORTER			Gas Gatherer		
NAME of Oil Transporter Total	OGCC Operator No. 89000		NAME of Gas Gatherer KN	OGCC Operator No. 45825	
Address P O Box 500			Address 635 N. 7th Avenue		
City Denver	State CO	Zip 80201	City Brighton	State CO	Zip 80601
Area Code 303	Phone Number 291-2000	Date of First Production This Formation 2/15/97	Area Code 303	Phone Number 659-5922	Date of First Sales This Formation 2/15/97

If Multiple Transporter or Gatherer, Complete the Following:

OIL TRANSPORTER			Gas Gatherer		
NAME of Oil Transporter	OGCC Operator No.		NAME of Oil Transporter	OGCC Operator No.	
Address			Address		
City	State	Zip	City	State	Zip
Area Code	Phone Number	Date of First Production This Formation	Area Code	Phone Number	Date of First Sales This Formation

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 valid until further notice to the transporter named herein or until canceled by the Colorado Oil and Gas Conservation Commission.

Buyer or Current Operator's Signature <i>Elaine Rivas</i>	Seller's Signature
Name of Operator HS Resources, Inc.	Name of Operator
Title Operations Technician	Title
Date 04/09/97	Date 04/09/97

OGCC Approved: *[Signature]* Title: **DIRECTOR** Date: **MAY 08 1997**