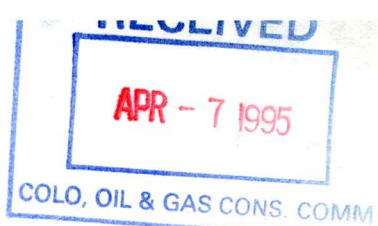




STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES



# CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original & 3 copies per well)

				FOR OFFICE USE ONLY			
ET		FE		UC		SE	
*OGCC LEASE NO. <b>13376</b>		LEASE NAME <b>BLEVINS "B"</b>		WELL NO. <b>5</b>		API NO. <b>05-057-050990</b>	
FIELD NAME <b>CANADIAN RIVER</b>		FIELD NO. <b>10100</b>		COUNTY <b>JACKSON</b>		LOCATION (QQ, SEC, TWP, RNG) <b>SWSE Sec.3-T9N-R78W, 6th P.M.</b>	
OPERATOR NAME <b>KN PRODUCTION COMPANY</b>				OGCC OPR. NO. <b>45825</b>		AREA CODE / PHONE NUMBER <b>303/980-9340</b>	
OPERATOR ADDRESS <b>P.O. BOX 281304</b>				**PREVIOUS OPERATOR <b>GASCO, INC</b>			
CITY <b>LAKEWOOD</b>		STATE <b>CO</b>		ZIP CODE <b>80228-8304</b>		EFFECTIVE CHANGE DATE <b>1/01/95</b>	
				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.

<b>PRODUCING FORMATION(S)</b> (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.) FORMATION(S): <b>DKTA - Lakota</b>		<b>TYPE OF COMPLETION</b> (More than one may apply.) <input type="checkbox"/> NEW COMPLETION <input type="checkbox"/> COMMINGLED COMPLETION <input type="checkbox"/> RECOMPLETION <input type="checkbox"/> MULTIPLE COMPLETION	
CURRENT WELL STATUS <b>PR</b>		DATE SHUT IN OR PRODUCTION RESUMED	
New Well Test Data on 24 hr. Basis; Test Date: _____ Bbls Oil _____ MCF Gas _____ Bbls. Water _____			

<b>OIL TRANSPORTER (First Purchaser)</b> NAME _____ OGCC NO. _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ AREA CODE / PHONE NO. _____ DATE OF FIRST PRODUCTION <b>07/28/82</b>				<b>GAS GATHERER (First Purchaser)</b> NAME <b>ROCKY MOUNTAIN NATURAL GAS CO</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 _____			
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<b>ROYALTY OWNER</b> <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEDERAL <input type="checkbox"/> INDIAN <input type="checkbox"/> FEE State, Federal or Indian Lease #: _____ TOTAL ACRES IN LEASE <b>911</b> ACRES ASSIGNED TO WELL _____ STANDUP LAYDOWN _____				<b>METHOD OF WATER DISPOSAL</b> FACILITY NUMBER _____ <input type="checkbox"/> CENTRAL PIT <input type="checkbox"/> COMMERCIAL PIT <input checked="" type="checkbox"/> ON-SITE PIT <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> N/A			
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Remarks: **As a result of a merger between KN Production Co. and Gasco, Inc., KN Production Co. has become The new operators of the above mentioned well, effective January 1, 1995.**

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: **Donald P. O'Brien** TITLE: **Engineering Technician** DATE: **03/24/95**

SIGNED:

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY:

TITLE: **DIRECTOR**  
O & G Cons. Comm

DATE: **MAY 23 1995**