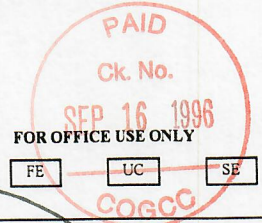




99999999

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)

OGCC LEASE NO	LEASE NAME KLINE	WELL NO 23-11	API NO 05-081-0670600
FIELD NAME & NO YAMPA	COUNTY MOFFAT	LOCATION (Q-Q SEC. TWP. RNG) NESE Section 11-007N-091W	
OPERATOR NAME BURLINGTON RESOURCES OIL & GAS CO.		OGCC OPR NO 26580	AREA CODE (915)
OPERATOR ADDRESS 3300 N. "A" STREET, BLDG 6		PHONE NUMBER 688-6800	
CITY MIDLAND		STATE TX	ZIP CODE 79705
EFFECTIVE DATE OF CHANGE 7/11/96		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.

<b>PRODUCING FORMATION(S)</b> (A separate Form 10 must be submitted for each producing formation of a Multiple Completion).		<b>TYPE OF COMPLETION</b> (No 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	DATE SHUT-IN OR PRODUCTION RESUMED	New Well Test Data on 24 hr. Basis: Test Date _____ Bbls. Oil _____ Mcf Gas _____ Bbls Wtr. _____	

<b>OIL TRANSPORTER (First Purchaser)</b>			<b>GAS GATHERER (First Purchaser)</b>		
NAME	OGCC NO.		NAME	OGCC NO.	
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
AREA CODE	PHONE NUMBER	DATE OF FIRST PRODUCTION	AREA CODE	PHONE NUMBER	DATE OF FIRST SALES
( )	( )		( )	( )	

<b>ROYALTY OWNER</b> <input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL <input type="checkbox"/> INDIAN <input type="checkbox"/> FEE State, Federal or Indian Lease # _____ TOTAL ACRES IN LEASE _____ ACRES ASSIGNED TO WELL _____ <input type="checkbox"/> STANDUP <input type="checkbox"/> LAYDOWN			<b>METHOD OF WATER DISPOSAL</b> FACILITY NUMBER _____ <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:

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 canceled by the Colorado Oil and Gas Conservation Commission.

NAME (PRINT) EILEEN D. DEY TITLE REGULATORY COMPLIANCE ADMINISTRATOR DATE 9/13/96

SIGNED:

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY

TITLE



00221906

DATE