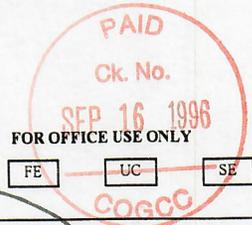




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STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



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) PHONE NUMBER 688-6800
OPERATOR ADDRESS 3300 N. "A" STREET, BLDG 6		** PREVIOUS OPERATOR MERIDIAN OIL INC.	
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.

PRODUCING FORMATION(S) (A separate Form 10 must be submitted for each producing formation of a Multiple Completion).	TYPE OF COMPLETION (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.	

OIL TRANSPORTER (First Purchaser)			GAS GATHERER (First Purchaser)		
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
()	()		()	()	

ROYALTY OWNER			METHOD OF WATER DISPOSAL		
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL		FACILITY NUMBER _____		
<input type="checkbox"/> INDIAN	<input type="checkbox"/> FEE		<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT	
State, Federal or Indian Lease # _____			<input type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL	
			<input type="checkbox"/> N/A		
TOTAL ACRES IN LEASE	ACRES ASSIGNED TO WELL	<input type="checkbox"/> STANDUP			
		<input type="checkbox"/> LAYDOWN			

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

SIGNED: *Eileen D. Dey*

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY TITLE DATE