



00250822

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	SE

OGCC LEASE NO. 32262		LEASE NAME KIRK "A"		WELL NO. 2	API NO. 05075 6500
FIELD NAME & NO. Mount Hope No. 56750		COUNTY LOGAN	LOCATION (1/4, SEC, TWP., RNG) NW SW Sec 17-9N-53W		
OPERATOR NAME NEW LONDON OIL INC.		OGCC OPR. NO. 63106	AREA CODE (512)	PHONE NUMBER 490-2296	
OPERATOR ADDRESS 12500 SAN PEDRO SUITE 500		** PREVIOUS OPERATOR			
CITY SAN ANTONIO	STATE TX	ZIP CODE 78216	EFFECTIVE DATE OF CHANGE	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.) D & J SAND	
CURRENT WELL STATUS PR	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 EIGHTY EIGHT OIL CO.		OGCC NO. 26555	
ADDRESS P O Box 2360			
CITY CASPER	STATE WY	ZIP CODE 82602	
AREA CODE PHONE NUMBER (307) 237-9301		DATE OF FIRST PRODUCTION	

GAS GATHERER (First Purchaser)		
NAME		OGCC NO.
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ()		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 <input type="checkbox"/> Standup <input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
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	

Remarks: EFFECTIVE DATE CHANGE 1/1/91
PURCHASER CHANGE ONLY

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) BRENDA GOZA TITLE PRODUCTION ANALYST DATE 1-10-91
SIGNED Brenda Goza

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY Dennis R. Picknell TITLE DIRECTOR DATE 1/29/91
O & G Cons. Comm.