



00272083

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

RECEIVED

APR - 3 1995

COLO. OIL & GAS CONS. COMM.

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY

OGCC LEASE NO. 13312	LEASE NAME Blevins "A"	WELL NO. 1-A	API NO. 057-06255-0
FIELD NAME & NO. Canadian River		COUNTY Jackson	LOCATION (1/4, SEC, TWP., RANG) NESE, Sec. 11, T9N, R78W of 6th P.M.
OPERATOR NAME Noffsinger Mfg. Co., Inc.		OGCC OPR. NO. 63455	AREA CODE PHONE NUMBER (303) 352-0463
OPERATOR ADDRESS P O Box 488		** PREVIOUS OPERATOR North Park Energy, Inc.	
CITY Greeley, CO 80632	STATE CO	ZIP CODE 80632	EFFECTIVE DATE OF CHANGE 6-1-93
		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.

PRODUCING FORMATION(S) (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.) Fractured Niobrara Shale	
CURRENT WELL STATUS Shut In	DATE SHUT IN OR PRODUCTION RESUMED 6-1-93

TYPE OF COMPLETION (More than one may apply) <input type="checkbox"/> NEW COMPLETION <input 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		OGCC NO.
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ()		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 9.800	ACRES ASSIGNED TO WELL n/a	<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 type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input checked="" 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 cancelled by the Colorado Oil and Gas Conservation Commission.

NAME (PRINT) Edwin D. Walters TITLE Controller DATE 4-3-95SIGNED Edwin D. Walters

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY [Signature] TITLE _____ DATE APR 28 1995DIRECTOR
O & G Cons. Comm.