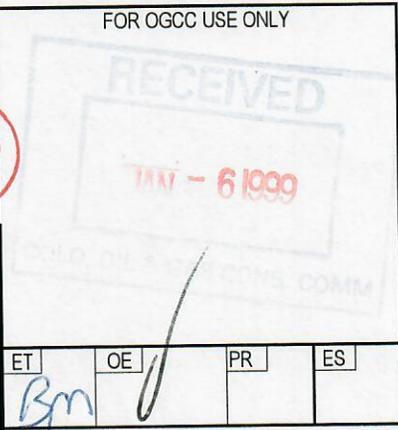


**Oil and Gas Conservation Commission**  
DEPARTMENT OF NATURAL RESOURCES

FOR OGCC USE ONLY



**CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR**

Submit original plus as many copies as the number of wells plus five (5) additional copies. Use Page 2 of Form 10 for multiple wells changing from the same operator to the new operator or when the "Change of Transporter/Gatherer" on multiple wells are the same. This form is not to be used for Well Name changes or Status changes. A separate FORM 10 must be submitted for each new completion and a FORM 10 for each producing formation of a Multiple Completion. It is the Operator's responsibility to mail approved copies to the new Transporter and/or Gatherer for each well listed.

ET	OE	PR	ES
Bm			

**Operator Bond Status**

- Blanket  
 Individual

OGCC Operator Number: 41385	Contact Name & Phone
Name of Operator: HS Resources, Inc.	Elaine Rivas
Address: 3939 Carson Avenue	No: 970-330-0614
City: Evans State: CO Zip: 80620	Fax: 970-330-0431

Change of Operator  
Effective Date: \_\_\_\_\_

Change of Transporter or Gatherer  
Effective Date: \_\_\_\_\_

**Complete This Section For a New or Individual Well.**

OGCC Lease No: 60448	API Number: 05-123-19638
Well Name and Number: HSR-Northglenn State 13-36	Field Name and Number: Wattenberg 90750
Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW Sec 36-T1N-R68W 6th P.M.	Acres in Lease: 640
Acres Assigned to Well: 320 W/2 <input checked="" type="checkbox"/> Standup <input type="checkbox"/> Laydown	Royalty Owner: <input type="checkbox"/> Fee <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian
Method of Water Disposal: <input type="checkbox"/> Central Pit <input type="checkbox"/> On-site Pit	<input type="checkbox"/> Commercial Pit <input checked="" type="checkbox"/> Injection Well <input type="checkbox"/> NA
Facility and/or Pit Number: CDSLCC-351	Producing Formation(s): J Sand JSND
Current Well Status: producing	Recompletion? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Multiple Well Lease? <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	Date Shut In or Production Resumed:

If yes, interests must be common. If existing OGCC lease, lease no: \_\_\_\_\_

OIL TRANSPORTER			Gas Gatherer		
NAME of Oil Transporter: Diamond Shamrock	OGCC Operator No.: 24200	Address: P O Box 500	NAME of Gas Gatherer: Duke Energy	OGCC Operator No.: 04680	Address: PO Box 5493
City: Denver State: CO Zip: 80201	Area Code: 303 Phone Number: 291-2000	Date of First Production This Formation: 9/4/98	City: Denver State: CO Zip: 80217	Area Code: 303 Phone Number: 595-3331	Date of First Sales This Formation: 9/4/98

**If Multiple Transporter or Gatherer, Complete the Following:**

OIL TRANSPORTER			Gas Gatherer		
NAME of Oil Transporter	OGCC Operator No.	Address	NAME of Oil Transporter	OGCC Operator No.	Address
City	State	Zip	City	State	Zip
Area Code	Phone Number	Date of First Production This Formation	Area Code	Phone Number	Date of First Sales This Formation

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.

Buyer or Current Operator's Signature: Elaine Rivas	Seller's Signature
Name of Operator: HS Resources, Inc.	Name of Operator
Title: Operations Technician Date: 11/19/98	Title: _____ Date: 11/19/98

OGCC Approved:

*[Signature]*

Title:

**DIRECTOR**  
O & G Cons. Comm

Date:

**JAN 28 1999**