

OGCC FORM 10
Rev. 8/89STATE 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
			5

OGCC LEASE NO. 28200	LEASE NAME Cliff D Sand / UPRR Case. 14-33	WELL NO. #2 UPRR Casement	API NO. 075071910 05075 7191
FIELD NAME & NO. Cliff 11400	COUNTY Logan	LOCATION (1/4, SEC, TWP, RANG) Part of D Sand Unit located in parts of sections 28, 29, 32 and 33-12N-54W and 12N-54W SWSW 33 12N 54W	
OPERATOR NAME Rex Monahan	OGCC OPR. NO. 59100	AREA CODE (303)	PHONE NUMBER 522-0774
OPERATOR ADDRESS Box 1231	** PREVIOUS OPERATOR		
CITY Sterling	STATE Co	ZIP CODE 80751	EFFECTIVE DATE OF CHANGE June 1, 1994
			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" Sand

CURRENT WELL STATUS producing	DATE SHUT IN OR PRODUCTION RESUMED
----------------------------------	------------------------------------

TYPE OF COMPLETION (More than one may apply)

☐ NEW COMPLETION ☐ COMINGLED COMPLETION
☐ RECOMPLETION ☐ MULTIPLE COMPLETION

New Well Test Data on 24 hr. Basis: Test Date _____
_____ Bbls. Oil _____ Mcf Gas _____ Bbls. Wtr.

OIL TRANSPORTER (First Purchaser)

NAME Scurlock Permian	OGCC NO. 68625	
ADDRESS P. O. Box 4648		
CITY Houston	STATE Texas	ZIP CODE 77210-4648
AREA CODE PHONE NUMBER (713) 646-4100	DATE OF FIRST PRODUCTION	

GAS GATHERER (First Purchaser)

NAME KN Energy, Inc.	OGCC NO. 45825	
ADDRESS P. O. Box 281304		
CITY Lakewood	STATE Co	ZIP CODE 80228-8304
AREA CODE PHONE NUMBER (303) 989-1740	DATE OF FIRST SALES June, 1994	

ROYALTY OWNER

☐ STATE☐ FEDERAL☐ INDIAN☒ FEE

State, Federal or Indian Lease # _____

TOTAL ACRES IN LEASE	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown
----------------------	------------------------	--

METHOD OF WATER DISPOSAL

FACILITY NUMBER _____

☐ CENTRAL PIT☐ COMMERCIAL PIT☒ ON-SITE PIT☐ INJECTION WELL☐ 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) Rex Monahan TITLE Operator DATE 10-13-94

SIGNED _____

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY _____

TITLE _____

DIRECTOR
O & G Cons. Comm

DATE FEB. 02 1995