

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			
ST	FE	UC	SE

OGCC LEASE NO. 28800	LEASE NAME Cliff D Sand	WELL NO. #1 UPRR Casement	API NO. 07507207
FIELD NAME & NO. Cliff	COUNTY Logan	LOCATION (1/4, SEC, TWP, RANG) NWSW of Section 33-12N-54W	
OPERATOR NAME Rex Monahan		OGCC OPR. NO. 59100	AREA CODE PHONE NUMBER (303) 522-0774
OPERATOR ADDRESS Box 1231		** PREVIOUS OPERATOR	
CITY Sterling	STATE Colorado	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 shut in	DATE SHUT IN OR PRODUCTION RESUMED Unknown

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 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 KNEnergy, 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			
<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	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 type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input 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) Rex Monahan TITLE Operator DATE 1-31-95
SIGNED _____

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY

TITLE

DIRECTOR
O & G Cons. Comm.

DATE

FEB 02 1995