



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



CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original & 3 copies per well)

				FOR OFFICE USE ONLY			
ET		FE		UC		SE	
*OGCC LEASE NO. 13357		LEASE NAME BLEVINS "A"		WELL NO. 5		API NO. 05-057-050730	
FIELD NAME CANADIAN RIVER		FIELD NO. 10100		COUNTY JACKSON		LOCATION (QQ, SEC, TWP, RNG) NESW Sec.11 - T9N - R78W, 6th P.M.	
OPERATOR NAME KN PRODUCTION COMPANY				OGCC OPR. NO. 45825		AREA CODE / PHONE NUMBER 303/980-9340	
OPERATOR ADDRESS P.O. BOX 281304				**PREVIOUS OPERATOR GASCO, INC			
CITY LAKEWOOD		STATE CO		ZIP CODE 80228-8304		EFFECTIVE CHANGE DATE 1/01/95	
				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.)
FORMATION(S): **DKTA - Rakota**

CURRENT WELL STATUS: **PR** DATE SHUT IN OR PRODUCTION RESUMED: _____

TYPE OF COMPLETION
(More than one may apply.)

NEW COMPLETION COMMINGLED COMPLETION
 RECOMPLETION MULTIPLE COMPLETION

New Well Test Data on 24 hr. Basis; Test Date: _____
 Bbls Oil _____ MCF Gas _____ Bbls. Water _____

OIL TRANSPORTER (First Purchaser)

NAME: _____ OGCC NO.: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 AREA CODE / PHONE NO.: _____ DATE OF FIRST PRODUCTION: **01/01/57**

GAS GATHERER (First Purchaser)

NAME: **ROCKY MOUNTAIN NATURAL GAS CO** OGCC NO.: **74900**
 ADDRESS: **P.O. BOX 281304**
 CITY: **LAKEWOOD** STATE: **CO** ZIP CODE: **80228-8304**
 AREA CODE / PHONE NO.: **(303) 989-1740** DATE OF FIRST SALES: **01/01/57**

ROYALTY OWNER

STATE FEDERAL
 INDIAN FEE

State, Federal or Indian Lease #: _____

TOTAL ACRES IN LEASE: **800** ACRES ASSIGNED TO WELL: _____ STANDUP LAYDOWN: _____

METHOD OF WATER DISPOSAL

FACILITY NUMBER: _____

CENTRAL PIT COMMERCIAL PIT
 ON-SITE PIT INJECTION WELL
 N/A

Remarks: **As a result of a merger between KN Production Co. and Gasco, Inc., KN Production Co. has become The new operators of the above mentioned well, effective January 1, 1995.**

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: **Donald P. O'Brien** TITLE: **Engineering Technician** DATE: **03/24/95**

SIGNED: *[Signature]*

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY: *[Signature]* TITLE: **DIRECTOR** DATE: **MAY 23 1995**
 O & G Cons. Comm.