



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

<b>PRODUCING FORMATION(S)</b> (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.) FORMATION(S): <b>DKTA - Rakota</b>		<b>TYPE OF COMPLETION</b> (More than one may apply.) <input type="checkbox"/> NEW COMPLETION <input type="checkbox"/> COMMINGLED COMPLETION <input type="checkbox"/> RECOMPLETION <input type="checkbox"/> MULTIPLE COMPLETION	
CURRENT WELL STATUS <b>PR</b>	DATE SHUT IN OR PRODUCTION RESUMED	New Well Test Data on 24 hr. Basis; Test Date: Bbls Oil _____ MCF Gas _____ Bbls. Water _____	

<b>OIL TRANSPORTER (First Purchaser)</b>			<b>GAS GATHERER (First Purchaser)</b>		
NAME		OGCC NO.	NAME		OGCC NO.
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY		STATE
AREA CODE / PHONE NO.	DATE OF FIRST PRODUCTION		AREA CODE / PHONE NO.		DATE OF FIRST SALES
	<b>01/01/57</b>		<b>LAKEWOOD CO 80228-8304</b>		<b>(303) 989-1740 01/01/57</b>

<b>ROYALTY OWNER</b>				<b>METHOD OF WATER DISPOSAL</b>			
<input type="checkbox"/> STATE <input type="checkbox"/> INDIAN		<input checked="" type="checkbox"/> FEDERAL FEE		FACILITY NUMBER _____			
State, Federal or Indian Lease #:				<input type="checkbox"/> CENTRAL PIT <input checked="" type="checkbox"/> ON-SITE PIT <input type="checkbox"/> N/A		<input type="checkbox"/> COMMERCIAL PIT <input type="checkbox"/> INJECTION WELL	
TOTAL ACRES IN LEASE <b>800</b>	ACRES ASSIGNED TO WELL	STANDUP LAYDOWN					

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**  
O & G Cons. Comm.

DATE:

**MAY 23 1995**