

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
			<input checked="" type="checkbox"/>

*OGCC LEASE NO. <b>67611</b>	LEASE NAME <b>HSR-Sawdy</b>	WELL NO. <b>14-36</b>	API NO. <b>05-123-15439</b>
FIELD NAME <b>Wattenberg</b>	FIELD NO. <b>90750</b>	COUNTY <b>Weld</b>	LOCATION (QQ, SEC, TWP, RNG) <b>SE/SW 36-T4N-R66W 6th PM</b>
OPERATOR NAME <b>HS Resources, Inc.</b>		OGCC OPR. NO. <b>41385</b>	AREA CODE / PHONE NUMBER <b>(303) 330-0614</b>
OPERATOR ADDRESS <b>3939 Carson Avenue</b>		**PREVIOUS OPERATOR <b>Elk Exploration, Inc.</b>	
CITY <b>Evans</b>	STATE <b>CO</b>	ZIP CODE <b>80620</b>	EFFECTIVE CHANGE DATE <b>June 30, 1994</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.

**PRODUCING FORMATION(S)**  
(A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)  
FORMATION(S): **Codell/Niobrara**  
CURRENT WELL STATUS **producing**  
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 **Amoco Production Company** OGCC NO. **02500**  
ADDRESS **P. O. Box 800**  
CITY **Denver** STATE **CO** ZIP CODE **80201**  
AREA CODE / PHONE NO. **(303)830-4040** DATE OF FIRST PRODUCTION

**GAS GATHERER (First Purchaser)**  
NAME **Amoco Production Company** OGCC NO. **02500**  
ADDRESS **P. O. Box 800**  
CITY **Denver** STATE **CO** ZIP CODE **80201**  
AREA CODE / PHONE NO. **(303) 830-4040** DATE OF FIRST SALES

**ROYALTY OWNER**  
 STATE  FEDERAL  
 INDIAN  FEE  
State, Federal or Indian Lease #:  
TOTAL ACRES IN LEASE **320** ACRES ASSIGNED TO WELL **80**  STANDUP  LAYDOWN

**METHOD OF WATER DISPOSAL**  
FACILITY NUMBER **NCB - UFR 540**  
Special Use Permit #: **WCWD - 454**  
 CENTRAL PIT  COMMERCIAL PIT  
 ON-SITE PIT  INJECTION WELL  
 N/A

Remarks: Change of name from Elk Exploration, Inc. to HS Resources, Inc. as of June 30, 1994.

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: **Elaine Rivas** TITLE: **Operations Clerk** DATE: **01/13/95**

SIGNED: *Elaine Rivas*



(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY: *[Signature]*

DIRECTOR  
O & G Cons. Comm

TITLE: \_\_\_\_\_ DATE: **MAY 1 1995**