

STATE 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			
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*OGCC LEASE NO. 27796		LEASE NAME Cabeen-State		WELL NO. 1-36	API NO. 05-075-6258
FIELD NAME & NO. Bingo - 06760		COUNTY Logan		LOCATION (Q-Q SEC. TWP., RNG) NE NE 36-9-55W	
OPERATOR NAME Magnie Operating, Inc.				OGCC OPR. NO. 52530	AREA CODE PHONE NUMBER (303 ) 978-1147
OPERATOR ADDRESS 11138 Wildhorse Peak				** PREVIOUS OPERATOR Nolburn Energy Co.	
CITY Littleton, CO		STATE 80127	ZIP CODE	EFFECTIVE DATE OF CHANGE Nov. 1, 1993	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.)  J Sand	
CURRENT WELL STATUS Producing	DATE SHUT IN OR PRODUCTION RESUMED

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

<b>OIL TRANSPORTER (First Purchaser)</b>		
NAME Marathon Oil		OGCC NO. 53650
ADDRESS 1515 Arapahoe, Suite 1300		
CITY Denver	STATE CO	ZIP CODE 80202
AREA CODE PHONE NUMBER (303 ) 825-0445		DATE OF FIRST PRODUCTION 11/10/85

<b>GAS GATHERER (First Purchaser)</b>		
NAME		OGCC NO.
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ( )		DATE OF FIRST SALES

<b>ROYALTY OWNER</b>		
<input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEDERAL		
<input type="checkbox"/> INDIAN <input type="checkbox"/> FEE		
State, Federal or Indian Lease # 84-9204-S		
TOTAL ACRES IN LEASE 640	ACRES ASSIGNED TO WELL 40	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

<b>METHOD OF WATER DISPOSAL</b>	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input checked="" type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> N/A	

Remarks: Change of Operator.

COLORADO OIL &amp; GAS CONSERVATION COMMISSION

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) James M. Warner TITLE President DATE Nov. 10, 1993

SIGNED

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY

TITLE

DIRECTOR  
O & G Cons. Comm.

DATE

MAR 24 1994