

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



00032302



CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY
ET FE LUC SE

OGCC LEASE NO. 59269	LEASE NAME FIRECRACKER UNIT	WELL NO. 2	API NO. 0512309604
FIELD NAME & NO. SPINDLE 77900	COUNTY WELD	LOCATION (1/4, SEC, TWP, RNG) C NWNW SEC 12-T1N-R68W (SURFACE LOCATION SWSE SEC 1-T1N-R-68W)	
OPERATOR NAME K.P. KAUFFMAN COMPANY, INC.		OGCC OPR. NO. 46290	AREA CODE PHONE NUMBER (303) 825-4822
OPERATOR ADDRESS 1675 BROADWAY, SUITE 1970		** PREVIOUS OPERATOR BASIN OPERATING COMPANY	
CITY DENVER	STATE COLORADO	ZIP CODE 80202-4630	EFFECTIVE DATE OF CHANGE 12/31/94
		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.)

SUSSEX - SHANNON

CURRENT WELL STATUS
PRODUCING

DATE SHUT IN OR PRODUCTION RESUMED
MAY 22 1995

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. Wtr.

COLO. OIL & GAS CONS. COMM

OIL TRANSPORTER (First Purchaser)

NAME
ASSOCIATED TRANSP. & TRADING

OGCC NO.
04681

ADDRESS
370 17TH STREET, SUITE 900

CITY
DENVER

STATE
CO

ZIP CODE
80202

AREA CODE PHONE NUMBER
(303) 595-3331

DATE OF FIRST PRODUCTION
N/A**

GAS GATHERER (First Purchaser)

NAME
ASSOCIATED NATURAL GAS, INC.

OGCC NO.
04680

ADDRESS
370 17TH STREET, SUITE 900

CITY
DENVER

STATE
CO

ZIP CODE
80202

AREA CODE PHONE NUMBER
(303) 595-3331

DATE OF FIRST SALES
N/A**

ROYALTY OWNER

STATE FEDERAL
 INDIAN FEE

State, Federal or Indian Lease # _____

TOTAL ACRES IN LEASE
320

ACRES ASSIGNED TO WELL
40

Standup
 Laydown

METHOD OF WATER DISPOSAL

FACILITY NUMBER _____

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

Remarks: **SUBMITTING DUE TO CHANGE OF OPERATOR

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) KEVIN P. KAUFFMAN TITLE CHAIRMAN AND CHIEF EXECUTIVE DATE March 20, 1995
SIGNED [Signature] OFFICER

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY [Signature] TITLE DIRECTOR DATE MAY 25 1995
O & Gas Cons. Comm