

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

00032302

PAID

## 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. 59269	LEASE NAME FIRECRACKER UNIT	WELL NO. 2	API NO. 0512309604
FIELD NAME & NO. SPINDLE 77900	COUNTY WELD	LOCATION (1/4, SEC, TWP., RANG) 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)	
<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.

COLO. OIL &amp; 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		
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL	
<input type="checkbox"/> INDIAN	<input checked="" type="checkbox"/> FEE	
State, Federal or Indian Lease # _____		
TOTAL ACRES IN LEASE 320	ACRES ASSIGNED TO WELL 40	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> 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 & G Cons. Comm