



00060409

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 |    |    |    |
| ET                  | FE | UC | SE |

|   |   |   |  |
|---|---|---|--|
| OGCC LEASE NO.<br>59774                         | LEASE NAME<br>DACONO INVESTMENTS LTD UNIT | WELL NO.<br>2   | API NO.<br>0512308803  |
| FIELD NAME & NO.<br>SPINDLE/77900               | COUNTY<br>WELD                            | LOCATION (1/4, SEC, TWP., RNG)<br>NWNW SEC 2-T1N-R68W |  |
| OPERATOR NAME<br>BASIN OPERATING COMPANY        |   | OGCC OPR. NO.<br>06540                                | AREA CODE PHONE NUMBER<br>( 303 ) 292-2322   |
| OPERATOR ADDRESS<br>633 17TH STREET, SUITE 1500 |   | ** PREVIOUS OPERATOR<br>AMOCO PRODUCTION COMPANY      |  |
| CITY<br>DENVER                                  | STATE<br>CO                               | ZIP CODE<br>80202                                     | EFFECTIVE DATE OF CHANGE<br>10-1-91  |
|   |   |   | NEW OPERATOR BOND STATUS<br><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.) |  |
| SUSSEX-SHANNON  |  |
| CURRENT WELL STATUS<br>SHUT-IN  | DATE SHUT IN OR PRODUCTION RESUMED<br>05/23/90 |

|   |  |
|---|--|
| <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<br>ASSOCIATED TRANSPORT & TRADING     | OGCC NO.<br>04681        |                   |
| ADDRESS<br>370 17TH STREET, SUITE 900      |                          |                   |
| CITY<br>DENVER                             | STATE<br>CO              | ZIP CODE<br>80202 |
| AREA CODE PHONE NUMBER<br>( 303 ) 595-3331 | DATE OF FIRST PRODUCTION |                   |

|  |                     |                   |
|--|---------------------|-------------------|
| <b>GAS GATHERER (First Purchaser)</b>      |                     |                   |
| NAME<br>ASSOCIATED NATURAL GAS             | OGCC NO.<br>04680   |                   |
| ADDRESS<br>370 17TH STREET, SUITE 900      |                     |                   |
| CITY<br>DENVER                             | STATE<br>CO         | ZIP CODE<br>80202 |
| AREA CODE PHONE NUMBER<br>( 303 ) 595-3331 | DATE OF FIRST SALES |                   |

|  |   |   |
|--|---|---|
| <b>ROYALTY OWNER</b>                   |   |   |
| <input type="checkbox"/> STATE         | <input checked="" type="checkbox"/> FEDERAL |   |
| <input type="checkbox"/> INDIAN        | <input type="checkbox"/> FEE                |   |
| State, Federal or Indian Lease # _____ |   |   |
| TOTAL ACRES IN LEASE<br>320            | ACRES ASSIGNED TO WELL<br>80                | <input checked="" type="checkbox"/> Standup<br><input type="checkbox"/> Laydown |

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

Remarks: \_\_\_\_\_

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) KARLA M. FISK TITLE PRODUCTION CLERK DATE 12-2-91  
SIGNED Karla M. Fisk

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY Dennis R. Bicknell TITLE DIRECTOR DATE MAR 06 1992  
O & G Cons. Comm.