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

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CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

17308803

(Please submit original and 3 copies per well)

*OGCC LEASE NO. 59774		LEASE NAME DACONO INVESTMENTS LTD UNIT		WELL NO. 2	API NO. 0512308803
FIELD NAME & NO. SPINDLE 77900		COUNTY WELD	LOCATION (1/4, SEC, TWP., RNG) NWNW SEC 2-T1N-R68W		
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

COLO. OIL & GAS CON. COMM.

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.	

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 80	<input checked="" 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



00060408

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 O & G Cons. Comm. DATE MAY 25 1995