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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) only 2 sent

OGCC LEASE NO <b>101425</b>	LEASE NAME <b>Fosston/STATE</b>	WELL NO <b>1-16</b>	API NO <b>05 123 17252</b>
FIELD NAME & NO <b>S.W. Fosston #26295</b>	COUNTY <b>WELD</b>	LOCATION (Q-Q SEC. TWP., RNG) <b>NENE-16-7N-63W, 6TH PM</b> ✓	
OPERATOR NAME <b>CFG ENERGY, INC</b>		OGCC OPR. NO <b>12460</b>	AREA CODE PHONE NUMBER <b>(303) 339-9330</b>
OPERATOR ADDRESS <b>P.O. Box 730</b>		** PREVIOUS OPERATOR	
CITY <b>GREELEY</b>	STATE <b>CO</b>	ZIP CODE <b>80632-0730</b>	EFFECTIVE DATE OF CHANGE <b>12-14-93</b>
			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.) <b>Niobrara / Codell</b>	
CURRENT WELL STATUS <b>PR</b>	DATE SHUT IN OR PRODUCTION RESUMED

TYPE OF COMPLETION (More than one may apply)	
<input checked="" type="checkbox"/> NEW COMPLETION	<input checked="" type="checkbox"/> COMMINGLED COMPLETION
<input type="checkbox"/> RECOMPLETION	<input type="checkbox"/> MULTIPLE COMPLETION
New Well Test Data on 24 hr. Basis: Test Date <b>12-16-93</b> <b>80</b> Bbls. Oil <b>117</b> Mcf Gas <b>32</b> Bbls. Wtr.	

OIL TRANSPORTER (First Purchaser)			
NAME <b>FRONTIER OIL COMPANY</b>		OGCC NO <b>31295</b>	
ADDRESS <b>1700 LINCOLN, SUITE 2100</b>			
CITY <b>DENVER</b>	STATE <b>CO</b>	ZIP CODE <b>80203</b>	
AREA CODE PHONE NUMBER <b>(303) 860-6100</b>	DATE OF FIRST PRODUCTION <b>12-15-93</b>		

GAS GATHERER (First Purchaser)			
NAME <b>ASSOCIATED NATURAL GAS</b>		OGCC NO <b>4680</b>	
ADDRESS <b>P.O. Box 5493</b>			
CITY <b>DENVER</b>	STATE <b>CO</b>	ZIP CODE <b>80217</b>	
AREA CODE PHONE NUMBER <b>(303) 595-3331</b>	DATE OF FIRST SALES <b>12-15-93</b>		

ROYALTY OWNER			
<input checked="" type="checkbox"/> STATE		<input type="checkbox"/> FEDERAL	
<input type="checkbox"/> INDIAN		<input type="checkbox"/> FEE	
State, Federal or Indian Lease # <b>88/5180-S</b>			
TOTAL ACRES IN LEASE <b>640</b>	ACRES ASSIGNED TO WELL <b>40</b>	<input type="checkbox"/> Standup <input checked="" type="checkbox"/> Laydown	

METHOD OF WATER DISPOSAL	
FACILITY NUMBER <b>NORTHERN COLORADO BRINE</b>	
<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) **THOMAS B. CROKE, III** TITLE **PRESIDENT** DATE **FEBRUARY 9, 1994**  
SIGNED **Thomas B. Croke, III**

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY

TITLE

DIRECTOR  
O & G Cons. Comm.

DATE

AUG 1 1994