

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  
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OGCC LEASE NO. 60105	LEASE NAME FUTURA HORSE VILLAGE 41-03	WELL NO. 1	API NO. 0512309213
FIELD NAME & NO. SPINDLE/77900	COUNTY WELD	LOCATION (1/4, SEC, TWP, RNG) NENE SEC 3-T1N-R68W	
OPERATOR NAME BASIN OPERATING COMPANY		OGCC OPR. NO. 06540	AREA CODE PHONE NUMBER ( 303 ) 292-2322
OPERATOR ADDRESS 633 17TH STREET, SUITE 1500		** PREVIOUS OPERATOR AMOCO PRODUCTION COMPANY	
CITY DENVER	STATE CO	ZIP CODE 80202	EFFECTIVE DATE OF CHANGE 10-1-91
			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
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**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.

**OIL TRANSPORTER (First Purchaser)**

NAME ASSOCIATED TRANSPORT & 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	

**GAS GATHERER (First Purchaser)**

NAME ASSOCIATED NATURAL GAS	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	

**ROYALTY OWNER**

STATE  FEDERAL  
 INDIAN  FEE

FEB 6 1992

State, Federal or Indian Lease # \_\_\_\_\_

TOTAL ACRES IN LEASE 320	ACRES ASSIGNED TO WELL 40	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown
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**METHOD OF WATER DISPOSAL**

FACILITY NUMBER \_\_\_\_\_

CENTRAL PIT  COMMERCIAL PIT  
 ON-SITE PIT  INJECTION WELL  
 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. Becknell TITLE \_\_\_\_\_ DATE MAR 06 1992  
DIRECTOR  
O & G Cons. Comm.