



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

PAID
Ck. No.
AUG 27 1996
COGCC

MAY 31 1996

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original & 3 copies per well)

				FOR OFFICE USE ONLY			
ET		FE		UC		SE	
*OGCC LEASE NO. 60105	LEASE NAME Futura Horse Village 41-3		WELL NO. 1	API NO. 0512309213			
FIELD NAME Spindle	FIELD NO. 77900	COUNTY Weld	LOCATION (QQ, SEC, TWP, RNG) NE NE 3-T1N-R68W				
OPERATOR NAME HS Resources, Inc.			OGCC OPR. NO. 41385	AREA CODE / PHONE NUMBER 303-296-3600			
OPERATOR ADDRESS 1999 Broadway, Suite 3600			**PREVIOUS OPERATOR Basin Exploration, Inc.				
CITY Denver	STATE CO	ZIP CODE 80202	EFFECTIVE CHANGE DATE JUN 01 1996	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.)
FORMATION(S): **Sussex/Shannon**

CURRENT WELL STATUS: **Producing**

DATE SHUT IN OR PRODUCTION RESUMED: _____

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. Water _____

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 NO.: **303-595-3331** DATE OF FIRST PRODUCTION: _____

GAS GATHERER (First Purchaser)

NAME: **Associated Natural Gas** OGCC NO. **04680**

ADDRESS: **370 17th St., Suite 900**

CITY: **Denver** STATE: **CO** ZIP CODE: **80202**

AREA CODE / PHONE NO.: **303-595-3331** DATE OF FIRST SALES: _____

ROYALTY OWNER

STATE FEDERAL
 INDIAN FEE

State, Federal or Indian Lease #: _____

TOTAL ACRES IN LEASE: **320** ACRES ASSIGNED TO WELL: **40** STANDUP LAYDOWN: _____

METHOD OF WATER DISPOSAL

FACILITY NUMBER: _____

CENTRAL PIT COMMERCIAL PIT
 ON-SITE PIT INJECTION WELL
 N/A

Remarks:



00041533

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: **Rick L. Parks** TITLE: **Operations Manager** DATE: **MAY 31 1996**

SIGNED: *Rick L. Parks*

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY: *B. Brubling* TITLE: **DIRECTOR** DATE: **SEP 05 1996**

D & G Cons. Comm