

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



MAY 31 1996

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original & 3 copies per well)

| | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|--|--|
| *OGCC LEASE NO. 60105 | | | LEASE NAME Futura Horse Village 41-3 | | | WELL NO. 4 | | | API NO. 0512309542 | | |
| FIELD NAME Spindle | | | FIELD NO. 77900 | | | COUNTY Weld | | | LOCATION (QQ, SEC, TWP, RNG) SE 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 MAY 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.) <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. 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 | | | |
| <input type="checkbox"/> STATE <input type="checkbox"/> INDIAN | | <input type="checkbox"/> FEDERAL <input checked="" type="checkbox"/> FEE | |
| State, Federal or Indian Lease #: | | | |
| TOTAL ACRES IN LEASE 320 | ACRES ASSIGNED TO WELL 40 | STANDUP LAYDOWN | |

Remarks:

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



00041546

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:

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY:

[Signature]

TITLE:

DIRECTOR
O & G Cons. Comm

DATE:

SEP 05 1996