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123-09541

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. 3	API NO. 0512309541
FIELD NAME & NO. SPINDLE/77900	COUNTY WELD	LOCATION (1/4, SEC, TWP., RNG) C NWNE 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.

<b>PRODUCING FORMATION(S)</b> (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

<b>TYPE OF COMPLETION</b> (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.	

<b>OIL TRANSPORTER (First Purchaser)</b>			
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	

<b>GAS GATHERER (First Purchaser)</b>			
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	

<b>ROYALTY OWNER</b>			
<input type="checkbox"/> STATE <b>FEB 6 1992</b> <input type="checkbox"/> FEDERAL			
<input type="checkbox"/> INDIAN <input type="checkbox"/> FEE			
State, Federal or Indian Lease # _____			
TOTAL ACRES IN LEASE 320	ACRES ASSIGNED TO WELL 40	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown	

<b>METHOD OF WATER DISPOSAL</b>	
FACILITY NUMBER _____	
<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: \_\_\_\_\_



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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 12-2-91SIGNED Karla M. Fisk

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY Donna Bicknell TITLE DIRECTOR DATE MAR 06 1992

O &amp; G Cons. Comm.