

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. 62242	LEASE NAME Luhman UPRR	WELL NO. 31-13 (#3)	API NO. 05-123-14607
FIELD NAME & NO. WATTENBERG/90750	COUNTY WELD	LOCATION (1/4, SEC, TWP., RNG) NWNE SEC. 13-T3N-R66W	
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 NAME BASIN EXPLORATION, INC.	
CITY DENVER	STATE CO	ZIP CODE 80202	EFFECTIVE DATE OF CHANGE 4-12-90
		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.)	
Codell	
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. Wtr.

OIL TRANSPORTER (First Purchaser)		
NAME TOTAL PETROLEUM COMPANY	OGCC NO. 89000	
ADDRESS 999 18th STREET, SUITE 2201		
CITY DENVER	STATE CO	ZIP CODE 80202-2492
AREA CODE PHONE NUMBER (303) 291-2000	DATE OF FIRST PRODUCTION 6-19-90	

GAS GATHERER (First Purchaser)		
NAME ASSOCIATED NATURAL GAS	OGCC NO. 62420 04680	
ADDRESS P.O. BOX 5493		
CITY DENVER	STATE CO	ZIP CODE 80217
AREA CODE PHONE NUMBER (303) 595-3331	DATE OF FIRST SALES 6-19-90	

ROYALTY OWNER		
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL	
<input type="checkbox"/> INDIAN	<input checked="" type="checkbox"/> FEE	
State, Federal or Indian Lease # _____		
TOTAL ACRES IN LEASE 80	ACRES ASSIGNED TO WELL 80	<input checked="" type="checkbox"/> Standup <input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER	RECEIVED
<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: THIS IS A CHANGE OF THE COMPANY NAME AND NOT CHANGE OF OPERATOR.

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) Joyce M. Eckardt TITLE Production Technician DATE 8-15-90

SIGNED Joyce M. Eckardt

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY Dennis R. Bicknell

TITLE

DIRECTOR
O & G Cons. Comm.

DATE

SEP 07 1990