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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)

*OGCC LEASE NO. 69513		LEASE NAME Fonte		WELL NO. 31-27	API NO. 05-125-7736
FIELD NAME & NO. Republican (73275)		COUNTY Yuma	LOCATION (1/4, SEC, TWP., RANG) NW-NE Sec. 27-T1N-R45W		
OPERATOR NAME Plains Petroleum Operating Company			OGCC OPR. NO. 70510	AREA CODE PHONE NUMBER (316) 355-7838	
OPERATOR ADDRESS P.O. Box 383			** PREVIOUS OPERATOR N/A		
CITY Lakin	STATE KS	ZIP CODE 67860	EFFECTIVE DATE OF CHANGE	NEW OPERATOR BOND STATUS <input 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.) Niobrara	
CURRENT WELL STATUS Flowing Gas PR	DATE SHUT IN OR PRODUCTION RESUMED

TYPE OF COMPLETION (More than one may apply)	
<input checked="" 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 11-1-96 0 Bbls. Oil 225 Mcf Gas 0 Bbls. Wtr.	

OIL TRANSPORTER (First Purchaser)			
NAME N/A		OGCC NO.	
ADDRESS			
CITY	STATE	ZIP CODE	
AREA CODE PHONE NUMBER ()	DATE OF FIRST PRODUCTION		

GAS GATHERER (First Purchaser)			
NAME KN Energy, Inc.		OGCC NO. 45828	
ADDRESS P.O. Box 281304			
CITY Lakewood	STATE CO	ZIP CODE 80228	
AREA CODE PHONE NUMBER (303) 989-1740	DATE OF FIRST SALES November 1, 1996		

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 960	ACRES ASSIGNED TO WELL 640	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown	

METHOD OF WATER DISPOSAL	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input checked="" type="checkbox"/> 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) **Don K. Wilken** TITLE **Engineering Technician** DATE **11-27-96**
SIGNED **Don K. Wilken**

THIS SPACE FOR STATE OFFICE USE ONLY

APPROVED BY

[Signature]

TITLE

DIRECTOR

O & G Cons. Comm.

DATE

DEC 30 1996