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OGCC FORM 10
Rev. 8/89

NOV 18 1991

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

00250821

COLO. OIL & GAS CON'S COMM.

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. 32262	LEASE NAME KIRK "A"	WELL NO. 2	API NO. 05075 6500
FIELD NAME & NO. Mount Hope No. 56750	COUNTY LOGAN	LOCATION (1/4, SEC, TWP., RNG) NW SW Sec 17-9N-53W	
OPERATOR NAME NEW LONDON OIL INC.		OGCC OPR. NO. 63106	AREA CODE PHONE NUMBER (512) 490-2296
OPERATOR ADDRESS 12500 SAN PEDRO SUITE 500		** PREVIOUS OPERATOR	
CITY SAN ANTONIO	STATE TX	ZIP CODE 78216	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.)	
D & J Sand	
CURRENT WELL STATUS PR	DATE SHUT IN OR PRODUCTION RESUMED

TYPE OF COMPLETION (More than one may apply)	
<input type="checkbox"/> NEW COMPLETION	<input checked="" 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 Scurlock-Permian Corp.		OGCC NO. 68625	
ADDRESS P. O. Box 4648			
CITY Houston	STATE TX	ZIP CODE 77210	
AREA CODE PHONE NUMBER 713) 739-4100	DATE OF FIRST PRODUCTION		

GAS GATHERER (First Purchaser)			
NAME		OGCC NO.	
ADDRESS			
CITY	STATE	ZIP CODE	
AREA CODE PHONE NUMBER ()	DATE OF FIRST SALES		

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 160	ACRES ASSIGNED TO WELL	<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 checked="" type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> N/A	

Remarks: Change in Purchaser effective December 1, 1991.

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) _____ TITLE _____ DATE _____
SIGNED *Brenda Fox*

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY *Dennis Bicknell* TITLE **DIRECTOR** DATE **NOV 25 1991**
O & G Cons. Comm.