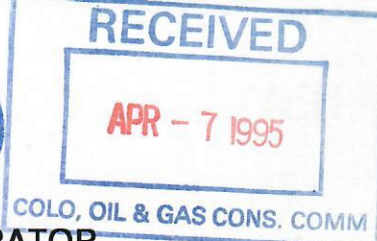




00265398

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



CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original & 3 copies per well)

*OGCC LEASE NO. 13395		LEASE NAME BLEVINS "A"		WELL NO. 8	FOR OFFICE USE ONLY	
FIELD NAME CANADIAN RIVER		FIELD NO. 10100	COUNTY JACKSON	API NO. 05-057-050870		
OPERATOR NAME KN PRODUCTION COMPANY				OGCC OPR. NO. 45825	AREA CODE / PHONE NUMBER 303/980-9340	
OPERATOR ADDRESS P.O. BOX 281304				**PREVIOUS OPERATOR GASCO, INC		
CITY LAKEWOOD	STATE CO	ZIP CODE 80228-8304	EFFECTIVE CHANGE DATE 1/01/95		NEW OPERATOR BOND STATUS X 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): DK-LK		TYPE OF COMPLETION (More than one may apply.) <input type="checkbox"/> NEW COMPLETION <input type="checkbox"/> RECOMPLETION <input type="checkbox"/> COMMINGLED COMPLETION <input type="checkbox"/> MULTIPLE COMPLETION	
CURRENT WELL STATUS SI	DATE SHUT IN OR PRODUCTION RESUMED	New Well Test Data on 24 hr. Basis; Test Date:	
		Bbls Oil _____ MCF Gas _____ Bbls. Water _____	

OIL TRANSPORTER (First Purchaser) NAME _____ OGCC NO. _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ AREA CODE / PHONE NO. _____ DATE OF FIRST PRODUCTION _____			GAS GATHERER (First Purchaser) NAME _____ OGCC NO. _____ ADDRESS _____ P.O. BOX 281304 CITY _____ STATE _____ ZIP CODE _____ AREA CODE / PHONE NO. _____ DATE OF FIRST SALES _____ (303) 989-1740 09/23/78		
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ROYALTY OWNER <input type="checkbox"/> STATE <input type="checkbox"/> INDIAN State, Federal or Indian Lease #: _____ TOTAL ACRES IN LEASE _____ ACRES ASSIGNED TO WELL _____ STANDUP LAYDOWN _____		METHOD OF WATER DISPOSAL FACILITY NUMBER _____ <input type="checkbox"/> CENTRAL PIT <input checked="" type="checkbox"/> ON-SITE PIT <input type="checkbox"/> N/A <input type="checkbox"/> COMMERCIAL PIT <input type="checkbox"/> INJECTION WELL	
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Remarks: **As a result of a merger between KN Production Co. and Gasco, Inc., KN Production Co. has become The new operators of the above mentioned well, effective January 1, 1995.**

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: **Donald P. O'Brien**TITLE: **Engineering Technician**DATE: **03/24/95**

SIGNED:

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY:

TITLE:

DIRECTOR
O & G Cons. Comm

DATE:

MAY 23 1995