



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. <b>27796</b>	LEASE NAME <b>Cabeen-State</b>	WELL NO. <b>1-36</b>	API NO. <b>05 075 6258</b>
FIELD NAME & NO. <b>Bingo - 06760</b>	COUNTY <b>Logan</b>	LOCATION (1/4, SEC, TWP., RNG) <b>NE NE 36-9N-55W</b>	
OPERATOR NAME <b>Nolburn Energy Company</b>		OGCC OPR. NO. <b>63465</b>	AREA CODE PHONE NUMBER <b>( 303 ) 595-4939</b>
OPERATOR ADDRESS <b>1675 Larimer St., Suite 820</b>		** PREVIOUS OPERATOR <b>Argentia Corporation</b>	
CITY <b>Denver</b>	STATE <b>CO</b>	ZIP CODE <b>80202</b>	EFFECTIVE DATE OF CHANGE <b>5/1/90</b>
			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.)

**J SMO**

CURRENT WELL STATUS <b>Producing</b>	DATE SHUT IN OR PRODUCTION RESUMED
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**TYPE OF COMPLETION** (More than one may apply)

NEW COMPLETION    COMMINGLED COMPLETION  
 RECOMPLETION    MULTIPLE COMPLETION

**New Well Test Data on 24 hr. Basis:** Test Date \_\_\_\_\_  
 \_\_\_\_\_ Bbls. Oil   \_\_\_\_\_ Mcf Gas   \_\_\_\_\_ Bbls. Wtr.

**OIL TRANSPORTER (First Purchaser)**

NAME <b>Permian Operating Ltd. Partership</b>	OGCC NO. <b>68625</b>
ADDRESS <b>P.O. Box 1183</b>	
CITY <b>Houston</b>	STATE <b>TX</b>
ZIP CODE <b>77251</b>	DATE OF FIRST PRODUCTION <b>11/10/85</b>
AREA CODE PHONE NUMBER <b>( 713 ) 787-2500</b>	

**GAS GATHERER (First Purchaser)**

NAME	OGCC NO.
ADDRESS	
CITY	STATE
ZIP CODE	DATE OF FIRST SALES
AREA CODE PHONE NUMBER <b>( )</b>	

**ROYALTY OWNER**

STATE    FEDERAL  
 INDIAN    FEE

State, Federal or Indian Lease # **84-9204-S**

TOTAL ACRES IN LEASE <b>640</b>	ACRES ASSIGNED TO WELL <b>40</b>	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown
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**METHOD OF WATER DISPOSAL**

FACILITY NUMBER \_\_\_\_\_

CENTRAL PIT    COMMERCIAL PIT  
 ON-SITE PIT    INJECTION WELL  
 N/A

**RECEIVED**

Remarks: Change of Operator = MAY 18 1990

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) Jon L. Ashburn TITLE Vice President DATE 5/16/90  
 SIGNED Jon L. Ashburn

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY Dennis Eicknell TITLE DIRECTOR DATE MAY 22 1990  
O & G Cons. Comm.