

FOR OGCC USE ONLY
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SEP 22 1997
OGCC

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

Submit original plus as many copies as the number of wells plus five (5) additional copies. Use Page 2 of Form 10 for multiple wells changing from the same operator to the new operator or when the "Change of Transporter/Gatherer" on multiple wells are the same. This form is not to be used for Well Name changes or Status changes. A separate FORM 10 must be submitted for each new completion and a FORM 10 for each producing formation of a Multiple Completion. It is the Operator's responsibility to mail approved copies to the new Transporter and/or Gatherer for each well listed.

OGCC Operator Number: <u>76785</u>	Contact Name & Phone
Name of Operator: <u>KIDRON ENERGY</u>	<u>JOANNE SCHLAGEL</u>
Address: <u>3684 WELD COUNTY RD. 21</u>	No: <u>(970) 686-2631</u>
City: <u>WINDSOR</u> State: <u>CO</u> Zip: <u>80550</u>	Fax:

Operator Bond Status

Blanket

Individual

Change of Operator Change of Transporter or Gatherer

Effective Date: JAN 1, 1997 Effective Date: _____

Complete This Section For a New or Individual Well.



OGCC Lease No: <u>57440</u>	API Number: <u>05-</u>
Well Name and Number:	Field Name and Number: <u>NEW WINDSOR UNIT</u>
Location (QtrQtr, Sec, Twp, Rng, Meridian):	Acres in Lease:
Acres Assigned to Well	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown
Royalty Owner:	<input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian
Method of Water Disposal Facility and/or Pit Number:	<input type="checkbox"/> Central Pit <input type="checkbox"/> Commercial Pit <input type="checkbox"/> Injection Well <input type="checkbox"/> NA
<input checked="" type="checkbox"/> On-site Pit	
Producing Formation(s): <u>SUSSEX</u>	Recompletion? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Current Well Status: <u>POW</u>	Date Shut In or Production Resumed:
Multiple Well Lease? <input type="checkbox"/> N <input checked="" type="checkbox"/> Y	If yes, interests must be common. If existing OGCC lease, lease no: <u>57440</u>

OIL TRANSPORTER		GAS GATHERER	
Name of Oil Transporter: <u>TOTAL PETROLEUM</u>	OGCC Operator No. <u>89000</u>	Name of Gas Gatherer: <u>N/A</u>	OGCC Operator No.
Address: <u>P.O. Box 500</u>		Address	
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80201-0500</u>		City	State Zip
Area Code: <u>(303)</u> Phone Number: <u>291-2000</u>	Date of First Production This Formation: <u>1975</u>	Area Code: () Phone Number	Date of First Sales This Formation

If Multiple Transporter or Gatherer, Complete the Following:

OIL TRANSPORTER		GAS GATHERER	
Name of Oil Transporter	OGCC Operator No.	Name of Gas Gatherer	OGCC Operator No.
Address		Address	
City	State Zip	City	State Zip
Area Code Phone Number	Date of First Production This Formation	Area Code Phone Number	Date of First Sales This Formation

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.

Buyer or Current Operator's Signature: <u>Joanne Schlagel</u>	Seller's Signature
Name of Operator: <u>KIDRON ENERGY, INC</u>	Name of Operator
Title: <u>PRESIDENT</u> Date: <u>8-20-97</u>	Title Date

OGCC Approved: [Signature] Title: DIRECTOR Date: SEP 25 1997
O & G Cons. Comm.

