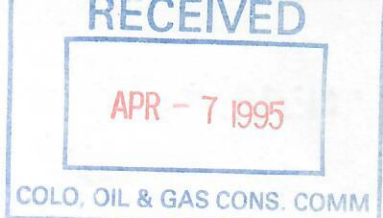




00271939

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

## CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original &amp; 3 copies per well)

				FOR OFFICE USE ONLY			
ET		FE		UC		SE	
*OGCC LEASE NO. <b>13357</b>		LEASE NAME <b>BLEVINS "A"</b>		WELL NO. <b>1</b>		API NO. <b>05-057-050850</b>	
FIELD NAME <b>CANADIAN RIVER</b>		FIELD NO. <b>10100</b>		COUNTY <b>JACKSON</b>		LOCATION (QQ, SEC, TWP, RNG) <b>NENW Sec.11-T9N-R78W, 6th P.M.</b>	
OPERATOR NAME <b>KN PRODUCTION COMPANY</b>				OGCC OPR. NO. <b>45825</b>		AREA CODE / PHONE NUMBER <b>303/980-9340</b>	
OPERATOR ADDRESS <b>P.O. BOX 281304</b>				**PREVIOUS OPERATOR <b>GASCO, INC</b>			
CITY <b>LAKEWOOD</b>		STATE <b>CO</b>		ZIP CODE <b>80228-8304</b>		EFFECTIVE CHANGE DATE <b>1/01/95</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)		TYPE OF COMPLETION	
(A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)		(More than one may apply.)	
FORMATION(S): <b>MDDY</b>		<input type="checkbox"/> NEW COMPLETION <input type="checkbox"/> COMMINGLED COMPLETION	
		<input type="checkbox"/> RECOMPLETION <input type="checkbox"/> MULTIPLE COMPLETION	
CURRENT WELL STATUS <b>PR</b>	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)			GAS GATHERER (First Purchaser)		
NAME		OGCC NO.	NAME		OGCC NO.
			<b>ROCKY MOUNTAIN NATURAL GAS CO</b>		<b>74900</b>
ADDRESS			ADDRESS		
			<b>P.O. BOX 281304</b>		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			<b>LAKEWOOD</b>	<b>CO</b>	<b>80228-8304</b>
AREA CODE / PHONE NO.		DATE OF FIRST PRODUCTION	AREA CODE / PHONE NO.		DATE OF FIRST SALES
			<b>(303) 989-1740</b>		<b>12/01/56</b>

ROYALTY OWNER			METHOD OF WATER DISPOSAL		
<input type="checkbox"/> STATE <input type="checkbox"/> INDIAN		<input type="checkbox"/> FEDERAL <input checked="" type="checkbox"/> FEE	FACILITY NUMBER _____		
State, Federal or Indian Lease #:			<input type="checkbox"/> CENTRAL PIT <input type="checkbox"/> COMMERCIAL PIT		
TOTAL ACRES IN LEASE <b>800</b>		ACRES ASSIGNED TO WELL	<input checked="" type="checkbox"/> ON-SITE PIT <input type="checkbox"/> INJECTION WELL		
		STANDUP LAYDOWN	<input type="checkbox"/> N/A		

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 22 1995**