



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

MAY 12 1999

**CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR**

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY			
ET	FE	UC	SE

OGCC LEASE NO. <b>256975</b>	LEASE NAME <b>Niswonger #1</b>	WELL NO. <b>#1</b>	API NO. <b>05 041 06048 00</b>
FIELD NAME & NO. <b>NISWONGER #1</b>	COUNTY <b>EL PASO</b>	LOCATION (1/4, SEC, TWP., RNG) <b>SW 1/4 OF THE SE 1/4 SEC 20 TWP 11S R16E 67W 6TH PM.</b>	
OPERATOR NAME <b>TOM &amp; TONI NISWONGER</b>		OGCC OPR. NO. <b>63393</b>	AREA CODE PHONE NUMBER <b>(719) 481-9067</b>
OPERATOR ADDRESS <b>16540 EDWARDS RD</b>		** PREVIOUS OPERATOR <b>N/A</b>	
CITY <b>MONUMENT</b>	STATE <b>CO</b>	ZIP CODE <b>80132</b>	EFFECTIVE DATE OF CHANGE <b>N/A</b>
			NEW OPERATOR BOND STATUS <input type="checkbox"/> BLANKET <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> RIDER <b>/mle</b>

\*Complete only if this well is part of a previously producing lease.  
\*\*Complete only if change of operator or change of company name.

**Lease # 2000-0013**  
**Prod # ~~68399~~**

<b>PRODUCING FORMATION(S)</b> (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)	
<b>CRETACEOUS COALS</b>	
CURRENT WELL STATUS <b>PR</b>	DATE SHUT IN OR PRODUCTION RESUMED <b>N/A</b>

<b>TYPE OF COMPLETION</b> (More than one may apply)	
<input checked="" type="checkbox"/> NEW COMPLETION	<input type="checkbox"/> COMMINGLED COMPLETION
<input type="checkbox"/> RECOMPLETION	<input type="checkbox"/> MULTIPLE COMPLETION
<b>New Well Test Data on 24 hr. Basis: Test Date</b> <b>0</b> Bbls. Oil <b>~10</b> Mcf Gas <b>0</b> Bbls. Wtr.	

<b>OIL TRANSPORTER (First Purchaser)</b>		
NAME <b>N/A</b>		OGCC NO.
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ( )	DATE OF FIRST PRODUCTION	

<b>GAS GATHERER (First Purchaser)</b>		
NAME <b>N/A</b>		OGCC NO.
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ( )	DATE OF FIRST SALES	

<b>ROYALTY OWNER</b>		
<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	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

<b>METHOD OF WATER DISPOSAL</b>	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input checked="" type="checkbox"/> N/A	

Remarks: **\* FOR DOMESTIC GAS USE ONLY.**

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) **TONI NISWONGER** TITLE **OWNER** DATE **5-4-99**  
SIGNED **Toni Niswonger**

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY **[Signature]** TITLE **Director, Oil & Gas Commission** DATE **MAY 28 2000**