



Standard Voucher Form V-2 (5-55) A/C
1—CANARY—Accounts & Control
2—WHITE—Remittance Advice
3—PINK—Department's Copy

INSTRUCTIONS

Completely fill out all applicable spaces. Attach approved claims for refunds or other supporting papers to face of canary copy. Retain pink copy. Send others to Room 144, State Capitol, Denver.

STATUTORY AUTHORITY FOR PAYMENTS OF CLAIMS FOR REFUNDS

Chapt. _____ Sec. _____ S.L. _____
Chapt. _____ Sec. _____ S.L. _____
Chapt. _____ Sec. _____ C.S.A. _____

STATE OF COLORADO

DEPT. OF NATURAL RESOURCES - OIL & GAS CONSERVATION COMM.
Department, Institution or Agency

6060 Broadway, Denver, Colorado

Location of Department, Institution or Agency

11

Voucher No.

The following claims for refunds described and explained below or in the attached supporting papers are hereby vouchered for payment from _____

2-3344

fund to the following payee:

Name _____ Rocky Mountain Drilling Company
610 Patterson Building
Address _____ Denver, Colorado 80202
City and State _____

SHOW
CORRECT
MAILING
ADDRESS
HERE

BRIEFLY ITEMIZE THE CLAIM FOR REFUND BELOW, SHOWING REASON THEREFOR

AMOUNT

For
Auditor's
Use ONLY

10/28/72

Refund RE: 72-360 ✓
72-361 ✓
72-362 ✓
72-358 ✓
72-359 ✓
72-363 ✓

75 00
75 00
75 00
75 00
75 00
75 00
75 00

REFUND

ISSUE WARRANT TO: (Show exact name of payee)

ROCKY MOUNTAIN DRILLING COMPANY

450 00

TO BE USED BY DIVISION OF ACCOUNTS AND CONTROL ONLY

Comp't	Screened	Audited
Date Voucher Received	APPROVED FOR PAYMENT:	
Date Voucher Returned		
Date Voucher Received		
Date Warrant Issued		
Date Voucher Filed	No.	

Warrant Number	11	Voucher Number	2-3344	83
This refund applies to funds originally deposited as receipts Class. No. 3107				
DATE	November 6 19 72			
The undersigned hereby certify that the claims for refunds described and explained in the attached supporting papers or in the indicated records and files of our department, have been properly examined and processed in accordance with the provisions of the statutes shown above, and found to be just and proper, and that payment thereof from the fund indicated is approved:				
Countersigned		Head of Department		
APPROVED:				
State Treasurer		Governor		