

RECEIVED

July 22, 1997

JUL 23 97

COGCC

State of Colorado  
Oil and Gas Conservation Comm.  
Dept. of Natural Resources  
1120 Lincoln St.  
Denver, CO  
80203

Charles M. Fuller  
6225 Montarbor Dr.  
Colo. Sprgs., CO  
80918

Tel (719) 535-9050



Re: Form 10

Gentlemen,

Find enclosed a Colo. O & G Commission Form 10 which confirms change of operator associated with the subject well. Please note this for your records and send appropriate reply to the previous operator. Thank you for your attention to this matter.

Sincerely,

*Charles M. Fuller*

CHARLES M. FULLER

CC: Joe Doyle

*\*Shawn Do  
We need a  
Fee  
07/23/97*

*Holding Fee  
\$25.00*

8/15/97

Thom Ken

Mr. Fuller does not have the  
wherewithall To support a plugging  
bond and testing or plugging of  
the well.

State of Co  
Oil and Gas  
Dept. of Nat  
1120 Lincoln  
Denver, CO  
80203

Re: Form I

Gentlemen,

Find enclosed a Colo. O & G Commission Form 10 which confirms  
change of operator associated with the subject well. Please note  
this for your records and send appropriate reply to the previous  
operator. Thank you for your attention to this matter.

Is your RETURN ADDRESS completed on the reverse side?	<b>SENDER:</b>		I also wish to receive the following services (for an extra fee):	
	<ul style="list-style-type: none"> <li>■ Complete items 1 and/or 2 for additional services.</li> <li>■ Complete items 3, 4a, and 4b.</li> <li>■ Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>■ Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>■ The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		<ul style="list-style-type: none"> <li>1. <input type="checkbox"/> Addressee's Address</li> <li>2. <input type="checkbox"/> Restricted Delivery</li> </ul>	
	3. Article Addressed to:		4a. Article Number	
	<p style="color: red; font-size: 1.2em;">Joseph Doyle 3234 Winig Rd NE Cedar Rapids IA 52402</p>		<p style="color: red; font-size: 1.2em;">P213 378 635</p>	
			4b. Service Type	
	5. Received By: (Print Name)		<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	6. Signature: (Addressee or Agent)		7. Date of Delivery	
	<p style="color: red; font-size: 1.2em;">Joseph Doyle</p>		<p style="color: red; font-size: 1.2em;">8/16/97</p>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)		
		Domestic Return Receipt		

Thank you for using Return Receipt Service.