

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

CC: Joe Doyle

\*Shawn Do  
we need a  
fee  
07/23/97

Holding fee  
\$25.00

8/15/97

Thom Ken

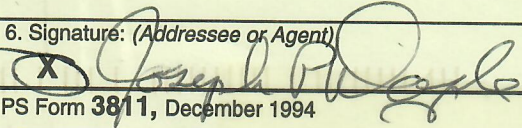
Mr. Fuller does not have the  
wherewithall To support a plugging  
bond and testing or plugging of  
the well.

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.

<b>SENDER:</b> <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>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Joseph Doyle 3234 Wining Rd NE Cedar Rapids IA 52402		4a. Article Number P213 378 635	
		4b. Service Type <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	
5. Received By: (Print Name)		7. Date of Delivery 8/16/97	
6. Signature: (Addressee or Agent) 		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		Domestic Return Receipt	

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.