



00046305

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

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY  
ET FE LC SE

OGCC LEASE NO <b>UNKNOWN</b>	LEASE NAME <b>Harrison/Smith</b>	WELL NO <b>Lubauer #46</b>	API NO <b>0510305365</b>	FED LEASE # <b>CO34894</b>
FIELD NAME & NO <b>RANGELY-MANCOS</b>	COUNTY <b>RIO BLANCO</b>	LOCATION (T. R. SEC. TWP. R. NG) <b>SEC 2 SWSW T1N R102W LOT 18</b>		
OPERATOR NAME <b>GRAND VALLEY RESOURCES, INC.</b>		OGCC OPR NO <b>35095</b>	AREA CODE PHONE NUMBER <b>( 303 ) 675-2639</b>	
OPERATOR ADDRESS <b>P.O. BOX 39</b>		** PREVIOUS OPERATOR <b>TWIN ARROW</b>		
CITY <b>Rangely, CO</b>	STATE <b>CO</b>	ZIP CODE <b>81648</b>	EFFECTIVE DATE OF CHANGE	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) (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)	
<b>MANCOS</b>	
CURRENT WELL STATUS <b>PRODUCING</b>	DATE SHUT IN OR PRODUCTION RESUMED <b>JULY 22, 1993</b>

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

OIL TRANSPORTER (First Purchaser)		
NAME <b>AMOCO PRODUCTION COMPANY</b>	OGCC NO <b>02500</b>	
ADDRESS <b>P.O. BOX 800</b>		
CITY <b>DENVER</b>	STATE <b>COLORADO</b>	ZIP CODE <b>80201</b>
AREA CODE PHONE NUMBER <b>( 303 ) 830-4472</b>	DATE OF FIRST PRODUCTION	

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

ROYALTY OWNER		
<input type="checkbox"/> STATE	<input checked="" type="checkbox"/> FEDERAL	
<input type="checkbox"/> INDIAN	<input type="checkbox"/> FEE	
State, Federal or Indian Lease # _____		
TOTAL ACRES IN LEASE <b>160</b>	ACRES ASSIGNED TO WELL <b>10</b>	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

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

Remarks: This is replacing the form dated 8/11/93. That was not filled out completely.

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) Joyce Fix TITLE Sec/Tres DATE 7/23/94

SIGNED Joyce Fix

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY E. T. Brilling TITLE DIRECTOR O & G Cons. Comm DATE NOV 30 1994