

OGCC FORM 10 - Insufficient copies of this form were submitted. Please be advised that you must submit 3 copies of this approved form for transporter and/or gatherer.

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

C

00046300
gatherer

PERMIT AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well) *none*

FOR OFFICE USE ONLY
ETW FE UC SE

OGCC LEASE NO <i>47529</i> UNKNOWN	LEASE NAME Harrison/Smith	WELL NO Lubauer # 46	API NO 0510305365	FED LEASE # CO34894
FIELD NAME & NO RANGELY-MANCOS		COUNTY RIO BLANCO	LOCATION (T1N, SEC, TWP, RNG) SEC 2 SWSW T1N R102W LOT 18	
OPERATOR NAME GRAND VALLEY RESOURCES, INC.		OGCC OPR NO 35095	AREA CODE PHONE NUMBER (303) 675-2639	
OPERATOR ADDRESS P.O. BOX 39		** PREVIOUS OPERATOR		
CITY RANGELY, COLORADO	STATE COLORADO	ZIP CODE 81648	EFFECTIVE DATE OF CHANGE	NEW OPERATOR BOND STATUS <input 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.)

CURRENT WELL STATUS PRODUCING	DATE PRODUCTION RESUMED July 22, 1993
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TYPE OF COMPLETION (More than one may apply)

NEW COMPLETION COMMINGLED COMPLETION
 RECOMPLETION MULTIPLE COMPLETION

New Well Test Data on 24 hr. Basis: Test Date _____
_____ Bbls. Oil _____ Mcf Gas _____ Bbls. Wtr

OIL TRANSPORTER (First Purchaser)

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

GAS GATHERER (First Purchaser)

NAME		OGCC NO
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ()	DATE OF FIRST SALES	

ROYALTY OWNER

STATE FEDERAL
 INDIAN FEE

State, Federal or Indian Lease # _____

TOTAL ACRES IN LEASE 160	ACRES ASSIGNED TO WELL 10	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown
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METHOD OF WATER DISPOSAL

FACILITY NUMBER _____

CENTRAL PIT COMMERCIAL PIT
 ON-SITE PIT INJECTION WELL
 N/A

Remarks: _____

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 8/11/93

SIGNED Joyce Fix

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY B. Brubling TITLE _____ DATE SEP 30 1994

DIRECTOR
OIL & GAS CONSERVATION COMMISSION

SEP 30 1994