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

COLO. OIL & GAS CONS. COMM.
CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR
(Please submit original and 3 copies per well)

FOR OFFICE USE ONLY			
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OGCC LEASE NO. 61726	LEASE NAME Jeffery	WELL NO. 1	API NO. 05 123 8089
FIELD NAME & NO. Stoneham 79400	COUNTY Weld	LOCATION (1/4, SEC, TWP., RNG) S/2SE/4 Sec. 20 - T9N - R56W	
OPERATOR NAME Smith Energy Corporation		OGCC OPR. NO. 70385	AREA CODE PHONE NUMBER (303) 330-7034
OPERATOR ADDRESS P.O. Box 5172		** PREVIOUS OPERATOR Three State Well Service, Inc	
CITY Greeley	STATE CO	ZIP CODE 80631	EFFECTIVE DATE OF CHANGE Jan 1, 1991
			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.) D SMD	
CURRENT WELL STATUS Prod.	DATE SHUT IN OR PRODUCTION RESUMED

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 Associated Trading & Trans	OGCC NO. 04681	
ADDRESS 1401 17th St.		
CITY Denver	STATE CO	ZIP CODE 80202
AREA CODE PHONE NUMBER (303) 292-3331	DATE OF FIRST PRODUCTION	

GAS GATHERER (First Purchaser)		
NAME KN Energy	OGCC NO. 45825	
ADDRESS 205 G Street		
CITY Phillipsburg	STATE KS	ZIP CODE 67661
AREA CODE PHONE NUMBER (913) 543-2135	DATE OF FIRST SALES	

ROYALTY OWNER		
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL	
<input type="checkbox"/> INDIAN	<input checked="" type="checkbox"/> FEE	
State, Federal or Indian Lease # _____		
TOTAL ACRES IN LEASE 240	ACRES ASSIGNED TO WELL	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input checked="" type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> 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) Glenn S. Smith TITLE President DATE 1-15-91

SIGNED Glenn S. Smith

(THIS SPACE FOR STATE-OFFICE USE ONLY)

APPROVED BY Dennis R. Bicknell TITLE DIRECTOR DATE 1/31/91
O & G Cons. Comm.