

Standard Voucher Form V-2 (8-55) A/C

1--CANARY--Accounts &amp; Control

2--WHITE--Remittance Advice

3--PINK--Department's Copy

## INSTRUCTIONS

Completely fill out all applicable spaces. Attach approved claims for refunds or other supporting papers to face of canary copy. Retain pink copy. Send others to Room 144, State Capitol, Denver.

STATUTORY AUTHORITY FOR  
PAYMENTS OF CLAIMS FOR REFUNDS

Chapt. \_\_\_\_\_ Sec. \_\_\_\_\_ S.L. \_\_\_\_\_

Chapt. \_\_\_\_\_ Sec. \_\_\_\_\_ S.L. \_\_\_\_\_

Chapt. \_\_\_\_\_ Sec. \_\_\_\_\_ C.S.A. \_\_\_\_\_



00259549

## IER FOR REFUNDS

STATE OF COLORADO

Colorado Oil &amp; Gas Conservation Commission

1845 Sherman St. Department, Institution or Agency

Denver, Co. 80203

Location of Department, Institution or Agency

117

Voucher No.

The following claims for refunds described and explained below or in the attached supporting papers are hereby vouchered for payment from \_\_\_\_\_

2-3344

fund to the following payee:

Name Braden-Gear Drilling Company

470 Denver Club Bldg.

Address Denver, Co. 80202

City and State \_\_\_\_\_

SHOW  
CORRECTMAILING  
ADDRESS  
HERE

BRIEFLY ITEMIZE THE CLAIM FOR REFUND BELOW, SHOWING REASON THEREFOR

AMOUNT -

For  
Auditor's  
Use ONLY

Refund of Permit No. 69 380, to drill a well in Section  
SW NE 5, Township 9N, Range 56 W, Weld County, Colorado

75 00

12/8/69

REFUND

ISSUE WARRANT TO: (Show exact name of payee)

Braden-Gear Drilling Company

\$

75 00

TO BE USED BY DIVISION OF ACCOUNTS  
AND CONTROL ONLY

Comp't \_\_\_\_\_ Screened \_\_\_\_\_ Audited \_\_\_\_\_

Date Voucher Received

APPROVED FOR PAYMENT:

Date Voucher Returned

Date Voucher Received

Date Warrant Issued

Date Voucher Filed

No. \_\_\_\_\_

Posted from above pre-list

Warrant Number

Voucher Number

Fund Number

Exp. Class

This refund applies to funds originally deposited as receipts Class. No. \_\_\_\_\_

DATE Dec. 12 19 69

The undersigned hereby certify that the claims for refunds described and explained in the attached supporting papers or in the indicated records and files of our department, have been properly examined and processed in accordance with the provisions of the statutes shown above, and found to be just and proper, and that payment thereof from the fund indicated is approved:

Countersigned

Head of Department

APPROVED:

State Treasurer

Governor

Requested refund from (Edegn)