



00226835

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 | UC | SE |
| | | | |

| | | | | | |
|--|--------------------|----------------------------|--|--|------------------------------|
| OGCC LEASE NO 57440 | | LEASE NAME Denny | | WELL NO 3 | API NO 05-123-8508 |
| FIELD NAME & NO New Windsor 57300 | | COUNTY Weld | LOCATION (SEC. TWP., RNG) SW1 SE1 27-7N-67W | | |
| OPERATOR NAME Smith Energy Corporation | | | OGCC OPR NO 70385 | AREA CODE PHONE NUMBER (303) 330-7034 | |
| OPERATOR ADDRESS P.O. Box 5172 | | | ** PREVIOUS OPERATOR H & R Well Services Inc | | |
| CITY Greeley | STATE CO | ZIP CODE 80634 | EFFECTIVE DATE OF CHANGE 9/17/91 | 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.) Sussex | |
| CURRENT WELL STATUS Producing | 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 Total Petroleum Inc | | OGCC NO 89000 | |
| ADDRESS P.O. Box 500 | | | |
| CITY Denver | STATE CO | ZIP CODE 80201 | |
| AREA CODE PHONE NUMBER () 291-2000 ext 2301 | | DATE OF FIRST PRODUCTION | |

| | | |
|---------------------------------------|---------------------|----------|
| GAS GATHERER (First Purchaser) | | |
| NAME N/A | | OGCC NO. |
| ADDRESS | | |
| CITY | STATE | ZIP CODE |
| AREA CODE PHONE NUMBER | 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 640 | ACRES ASSIGNED TO WELL 40 | <input type="checkbox"/> Standup | <input type="checkbox"/> Laydown |

| | |
|---|---|
| METHOD OF WATER DISPOSAL | |
| FACILITY NUMBER _____ | |
| <input checked="" type="checkbox"/> CENTRAL PIT | <input type="checkbox"/> COMMERCIAL PIT |
| <input 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 **10/16/91**
SIGNED **Glenn S. Smith**

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY **Dennis R. Bicknell** TITLE **DIRECTOR** DATE **DEC 17 1991**
O & G Cons. Comm.