



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 <b>57440</b>	LEASE NAME <b>Denny</b>	WELL NO <b>3</b>	API NO <b>05-123-8508</b>
FIELD NAME & NO <b>New Windsor 57300</b>	COUNTY <b>Weld</b>	LOCATION (QQ SEC. TWP. RNG) <b>SW1 SE1 27-7N-67W</b>	
OPERATOR NAME <b>Smith Energy Corporation</b>		OGCC OPR NO <b>70385</b>	AREA CODE PHONE NUMBER <b>(303) 330-7034</b>
OPERATOR ADDRESS <b>P.O. Box 5172</b>		** PREVIOUS OPERATOR <b>H &amp; R Well Services Inc</b>	
CITY <b>Greeley</b>	STATE <b>CO</b>	ZIP CODE <b>80634</b>	EFFECTIVE DATE OF CHANGE <b>9/17/91</b>
		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.

<b>PRODUCING FORMATION(S)</b> (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.) <b>Sussex</b>	
CURRENT WELL STATUS <b>Producing</b>	DATE SHUT IN OR PRODUCTION RESUMED

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

<b>OIL TRANSPORTER (First Purchaser)</b>			
NAME <b>Total Petroleum Inc</b>		OGCC NO <b>89000</b>	
ADDRESS <b>P.O. Box 500</b>			
CITY <b>Denver</b>	STATE <b>CO</b>	ZIP CODE <b>80201</b>	
AREA CODE PHONE NUMBER <b>( ) 291-2000 ext 2301</b>	DATE OF FIRST PRODUCTION		

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

**RECEIVED**

OCT 17 1991

<b>ROYALTY OWNER</b>			
<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 <b>640</b>	ACRES ASSIGNED TO WELL <b>40</b>	<input type="checkbox"/> Standup	<input type="checkbox"/> Laydown

<b>METHOD OF WATER DISPOSAL</b>			
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			

COLO. OIL & GAS CONS. COMM

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 [Signature]

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY [Signature] TITLE DIRECTOR DATE DEC 17 1991  
O & G Cons. Comm.