

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			
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OGCC LEASE NO 57440	LEASE NAME Eaton Law	WELL NO 2	API NO 05-123-8237
FIELD NAME & NO New Windsor 37300	COUNTY Weld	LOCATION (QQ SEC. TWP. RNG) NW1 NW1 35-7N-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 Shut-In	DATE SHUT IN OR PRODUCTION RESUMED Before 9/17/91

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 N/A		OGCC NO	
ADDRESS			
CITY	STATE	ZIP CODE	
AREA CODE PHONE NUMBER ()		DATE OF FIRST PRODUCTION	

GAS GATHERER (First Purchaser)			
NAME N/A		OGCC NO	
ADDRESS 88T 17 1991			
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 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 [Signature]

(THIS SPACE FOR STATE OFFICE USE ONLY)

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