

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

MAR 10 1995

COLO. OIL &amp; GAS CONS. COM.

## 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>Eaton Law</b>	WELL NO. <b>2</b>	API NO. <b>05-123-8237</b>
FIELD NAME & NO. <b>New Windsor 57300</b>		COUNTY <b>Weld</b>	LOCATION (1/4, SEC, TWP., RNG) <b>NW1 NW1 35-7N-67W</b>
OPERATOR NAME <b>Richard H. Schlagel</b>		OGCC OPR. NO. <b>76785</b>	AREA CODE PHONE NUMBER <b>(303)-686-2631</b>
OPERATOR ADDRESS <b>10625 Weld County Road 72</b>		** PREVIOUS OPERATOR <b>Smith Energy Corporation</b>	
CITY <b>Windsor</b>	STATE <b>CO</b>	ZIP CODE <b>80550</b>	EFFECTIVE DATE OF CHANGE <b>1/28/95</b>
		NEW OPERATOR BOND STATUS <input checked="" type="checkbox"/> BLANKET <input checked="" 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 <b>Shut-In</b>	DATE SHUT IN OR PRODUCTION RESUMED <b>Before 9/17/91</b>
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TYPE OF COMPLETION (More than one may apply)

- ☐ NEW COMPLETION ☐ COMMINGLED COMPLETION  
☐ RECOMPLETION ☐ MULTIPLE COMPLETION

New Well Test Data on 24 hr. Basis: Test Date \_\_\_\_\_  
\_\_\_\_\_ Bbls. Oil \_\_\_\_\_ Mcf Gas \_\_\_\_\_ Bbls. Wtr.

## OIL TRANSPORTER (First Purchaser)

NAME <b>N/A</b>	OGCC NO.	
ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER ( )	DATE OF FIRST PRODUCTION	

## GAS GATHERER (First Purchaser)

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

## ROYALTY OWNER

- ☐ STATE ☐ FEDERAL  
☐ INDIAN ☒ FEE

State, Federal or Indian Lease # \_\_\_\_\_

TOTAL ACRES IN LEASE <b>560</b>	ACRES ASSIGNED TO WELL <b>40</b>	<input type="checkbox"/> Standup <input type="checkbox"/> Laydown
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## METHOD OF WATER DISPOSAL

- FACILITY NUMBER \_\_\_\_\_  
☐ CENTRAL PIT ☐ COMMERCIAL PIT  
☐ INJECTION WELL

Comply with Rule 324-b. Run and submit Mechanical Integrity Test within 6 months or P &amp; A well.

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) **Richard H. Schlagel** TITLE **Owner** DATE **3-3-95**SIGNED **Richard H. Schlagel**

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY **B. Brubling** TITLE \_\_\_\_\_DIRECTOR  
O & G Cons. Comm.

MAY 17 1995

DATE \_\_\_\_\_