

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 | SET |
|                     |    |    |     |

|  |                            |   |  |
|--|----------------------------|---|--|
| OGCC LEASE NO.<br><b>57440</b>                   | LEASE NAME<br><b>Canal</b> | WELL NO.<br><b>1</b>  | API NO.<br><b>05-123-8238</b>  |
| FIELD NAME & NO.<br><b>New Windsor 57300</b>     | COUNTY<br><b>Weld</b>      | LOCATION (SEC. TWP., RANG)<br><b>SE/NE/ 34-7N-67W</b>       |  |
| OPERATOR NAME<br><b>Smith Energy Corporation</b> |                            | OGCC OPR. NO.<br><b>70385</b>                               | AREA CODE PHONE NUMBER<br><b>(303) 330-7034</b>  |
| OPERATOR ADDRESS<br><b>P.O. Box</b>              |                            | ** PREVIOUS OPERATOR<br><b>H &amp; R Well Services, Inc</b> |  |
| CITY<br><b>Greeley</b>                           | STATE<br><b>CO</b>         | ZIP CODE<br><b>80634</b>                                    | EFFECTIVE DATE OF CHANGE<br><b>9/17/91</b>   |
|  |                            |   | NEW OPERATOR BOND STATUS<br><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.)<br><b>Sussex</b> |                                    |
| CURRENT WELL STATUS<br><b>Producing</b>   | DATE SHUT IN OR PRODUCTION RESUMED |

## 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<br><b>Total Petroleum Inc</b>                    |                    | OGCC NO.<br><b>89000</b> |  |
| ADDRESS<br><b>P.O. Box 500</b>                        |                    |                          |  |
| CITY<br><b>Denver</b>                                 | STATE<br><b>CO</b> | ZIP CODE<br><b>80201</b> |  |
| AREA CODE PHONE NUMBER<br><b>( ) 291-2000 ext 234</b> |                    | DATE OF FIRST PRODUCTION |  |

|                                |       |                     |  |
|--------------------------------|-------|---------------------|--|
| GAS GATHERER (First Purchaser) |       |                     |  |
| NAME<br><b>RECEIVED</b>        |       | OGCC NO.            |  |
| ADDRESS<br><b>901 17 1991</b>  |       |                     |  |
| 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<br><b>640</b>     | ACRES ASSIGNED TO WELL<br><b>40</b> | <input type="checkbox"/> Standup<br><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 [Signature]

(THIS SPACE FOR STATE OFFICE USE ONLY)

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