



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 57440		LEASE NAME Canal		WELL NO 1		API NO. 05-123-8238	
FIELD NAME & NO New Windsor 57300			COUNTY Weld		LOCATION (0-0 SEC. TWP., RNG) SE/NE/ 34-7N-67W		
OPERATOR NAME Smith Energy Corporation				OGCC OPR. NO. 70385		AREA CODE PHONE NUMBER (303) 330-7034	
OPERATOR ADDRESS P.O. Box				** 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 234	DATE OF FIRST PRODUCTION		

GAS GATHERER (First Purchaser)			
NAME		OGCC NO.	
ADDRESS 901 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 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 Becknell TITLE DIRECTOR DATE DEC 17 1991
O & G Cons. Comm.