



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

BOOK 481 PAGE 820

(Please submit original and 3 copies per well)

*Complete only if this well is part of a previously producing lease.
 *Complete only if change of operator or change of company name.

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 _____

Rbbs. Oil _____	Mcf Gas _____	Rbbs. Wtr. _____
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GAS GATHERER (First Purchaser)			
NAME		OGCC NO.	
NONE			
ADDRESS			
CITY		STATE	ZIP CODE
AREA CODE PHONE NUMBER		DATE OF FIRST SALES	
()			

METHOD OF WATER DISPOSAL

FACILITY NUMBER _____

<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input checked="" type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> N/A	

Remarks: The well is being operated by the land owner for their personal
domestic use.

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) Step. Johnson 1 TITLE Owner DATE Jan. 8, 1990
SIGNED Step. Johnson

(IT IS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY _____ TITLE _____ DATE _____