



00357864

Standard Voucher Form V-2 (2-55) A/C

1—CANARY—Accounts & Control

2—WHITE—Repittance Advice

3—PINK—Department's Copy

INSTRUCTIONS

Completely fill out all applicable spaces. Attach approved claims for refunds or other supporting papers to face of canary copy. Retain pink copy. Send others to Room 144, State Capitol, Denver.

STATUTORY AUTHORITY FOR
PAYMENTS OF CLAIMS FOR REFUNDS

Chapt. _____ Sec. _____ S.L. _____

Chapt. _____ Sec. _____ S.L. _____

Chapt. _____ Sec. _____ C.S.A. _____

RECEIVED VOUCHER FOR REFUNDS

DEC 7 1972

STATE OF COLORADO

DEPT. OF NATURAL RESOURCES - OIL & GAS CONSERVATION COMM.

Department, Institution or Agency

6060 Broadway, Denver, Colorado

Location of Department, Institution or Agency

16

Voucher No.

The following claims for refunds described and explained below or in the attached supporting papers are hereby vouchered for payment from _____

2-3344

fund to the following payee:

Name Amoco Production Company

PO Box 1400

Address Riverton, Wyoming 82501

City and State _____

SHOW
CORRECTMAILING
ADDRESS
HERE

BRIEFLY ITEMIZE THE CLAIM FOR REFUND BELOW, SHOWING REASON THEREFOR

AMOUNT

For
Auditor's
Use ONLY

11/13/72

REFUND RE: Permit #72-58

75 00

2 Thompson 125 Amoco 7

REFUND

ISSUE WARRANT TO: (Show exact name of payee)

AMOCO PRODUCTION COMPANY

75 00

TO BE USED BY DIVISION OF ACCOUNTS
AND CONTROL ONLY

Comp't	Screened	Audited
Date Voucher Received	APPROVED FOR PAYMENT:	
Date Voucher Returned		
Date Voucher Received		
Date Warrant Issued		
Date Voucher Filed	No.	

Warrant Number 16 Voucher Number 2-3344 Fund Number 83This refund applies to funds originally deposited as receipts Class. No. 3107DATE 12/5 1972

The undersigned hereby certify that the claims for refunds described and explained in the attached supporting papers or in the indicated records and files of our department, have been properly examined and processed in accordance with the provisions of the statutes shown above, and found to be just and proper, and that payment thereof from the fund indicated is approved:

Countersigned

Head of Department

APPROVED:

State Treasurer

Governor