

Standard Voucher Form V-2 (3-55) A/C  
 1—CANARY—Accounts & Control  
 2—WHITE—Remittance 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. \_\_\_\_\_



**ICHER FOR REFUNDS**

STATE OF COLORADO

Oil and Gas Conservation Commission

Department, Institution or Agency

312 State Services Bldg., Denver 3

Location of Department, Institution or Agency

133

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 H. H. Peacock

Address P. O. Box 567

City and State Rangely, Colorado

**SHOW CORRECT MAILING ADDRESS HERE**

BRIEFLY ITEMIZE THE CLAIM FOR REFUND BELOW, SHOWING REASON THEREFOR

Refund of Permit No. 66-475 to drill a well in Section 13, Township 1 North, Range 102 West, Rio Blanco County, Colorado. This well is not to be drilled

AMOUNT

\$75 00

For Auditor's Use ONLY

**REFUND**

ISSUE WARRANT TO: (Show exact name of payee)

H. H. Peacock

\$ 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.	
Posted from above pre-list		

Warrant Number 133 Voucher Number 2-3344 Fund Number 83 Exp. Class 505

DATE December 27, 19 66 3107

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 \_\_\_\_\_ Director \_\_\_\_\_  
 Head of Department  
 APPROVED:  
 State Treasurer \_\_\_\_\_ Governor \_\_\_\_\_