Thereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE Regulatory Specialist

DATE 3/24/2004

I ype or Print name Linda Guthrie

E-mail Address: Inda.gutnrie@dvn.com

(This space for State use)

APPROVED BY

FOR RECORDS ONLY

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TITLE \_\_\_\_\_ DATE \_\_\_\_\_