

(Fill in the original and 4 copies with the appropriate district office) 7 17

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator _____ Lease _____

Well No. 4 Unit Letter K S 25 T R Pool _____

County _____ Kind of Lease (State, Fed. or Patented) _____

If well produces oil or condensate, give location of tanks: Unit S T R

Authorized Transporter of Oil or Condensate _____

Address _____
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____ Date Connected _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

ILLEGIBLE

Reasons for Filing: (Please check proper box) New Well

Change in Transporter of (Check One): Oil Dry Gas C'head Condensate

Change in Ownership Other

Remarks: _____
(Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the _____ day of _____ 19 _____

By J. R. [Signature]

Title _____

Company _____

Address _____

Approved _____ 19 _____

OIL CONSERVATION COMMISSION

By [Signature]

Title _____