de amogen t ಕ 3 õ Set @ Subsurface Safety Yalve: Manu. and Type tt to app is of 18. I hereby certif that the foregoing is true and correct 11-21-77 ્રે ફ્ Agent TITLE SIGNED DATE (This space for Federal or State office use) G. APPROVED BY TITLE . DATE Mations r moil moithlus at etnoc truft gula eyedis E G CONDITIONS OF APPROVAL, IF ANY: 3 5 **EIV**ED