

(One Copy Must Be Filed With Each Completion Report.)

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JUN 09 1980  
O. C. D.  
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### OPERATOR CERTIFICATION

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (\*) by the item numbers on this form.

Signature of Authorized Representative  
Lois Cannady

Name of Person and Title (type or print)

Name of Person and Title (type  
J. Cleo Thompson

Operator \_\_\_\_\_  
Telephone: 214 742-1991  
                    Area Code

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\* Designates items certified by company that conducted the inclination surveys.