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Company or Operator		· · · · · · · · · · · · · · · · · · ·		Lease	ARTES Well No.
Unit Letter Section	<u></u>	Range		County	<u>1</u>
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Pool				Kind of Lease (State,	, Fed Fee)
If well produces oil or		Unit Letter	Section	Township	Range
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Authorized transporter of oil	mation	Actually Connecto	For Co. In Migronia		ea
Authorized transporter of casing he	ead gas 🔲 or dry gas	Date Con- nected	Address (give ad	dress to which approve	d copy of this form is to be sent)
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Change in Oil	New Well			RECEI	•
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The undersigned certifies that				ission have been co	mplied with.
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