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|--|-------------------------------------|---|--------------------|
| <p><input type="checkbox"/> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.</p> <p>Signature: <u>Linda Johnston</u></p> | | <p>OIL CONSERVATION DIVISION</p> <p>Approved by: <u>SUPERVISOR DISTRICT II</u></p> | |
| <p>Printed name: <u>Linda Johnston</u></p> | | <p>Title: _____</p> | |
| <p>Title: <u>Agent</u></p> | | <p>Approval Date: <u>JAN 14 1997</u></p> | |
| <p>Date: <u>1/6/97</u></p> | <p>Phone: <u>(915) 694-8228</u></p> | | |
| <p><input type="checkbox"/> If this is a change of operator fill in the OGRID number and name of the previous operator</p> | | | |
| <p>Previous Operator Signature _____</p> | | <p>Printed Name _____</p> | <p>Title _____</p> |
| | | | <p>Date _____</p> |