NITED STATES N.M. Oli Corr Division PORM APPROVED UN DEPARTMENT OF THE INTERICT States B11 S. 1st Street PORM APPROVED 2834 reavage BUREAU OF LAND MANAGEMENT (DESIA NM 8821) -2834 reavage 2834 reavage		N.M. Oi	Con Division
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir Use "APPLICATION FOR PERMIT" for such proposals SUBMIT IN TRIFLICATE I. Type of Well ON Well ON Well ON Well ON MORE Base Enterprise Production Company A datases and Teacher and No. Base Enterprise Production Company A datases and Teacher ATTRIFLICATE I. Type of Well ON Well ON Well ON Well ON Base Enterprise Production Company I. Address and Teacher ATTRIFLICATE I. Company I. Comp	Form 3160-5	NITED STATES 811 S. 1	St Strept
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir Use "APPLICATION FOR PERMIT" for such proposals SUBMIT IN TRIFLICATE I. Type of Well ON Well ON Well ON Well ON MORE Base Enterprise Production Company A datases and Teacher and No. Base Enterprise Production Company A datases and Teacher ATTRIFLICATE I. Type of Well ON Well ON Well ON Well ON Base Enterprise Production Company I. Address and Teacher ATTRIFLICATE I. Company I. Comp	(June 1990) D	EPARTMENT OF THE INTERIOR	BLM-CRA BLM-CRA
SUNDRY NOTICES AND REPORTS ON WELLS LC - 067144 Do not use this form for proposals to drill or to deepen or reentry to a different reservoir 6. If indian, Allotee of Tribe Name SUBMIT IN TRIPLICATE 1. Type of Well	B	JREAU OF LAND MANAGEMENT Cold,	1996
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir 6. If Indian, Aldote or Tribe Name Use "APPLICATION FOR PERMIT" for such proposals 7. If Unit or CA, Agreement Designation 3. Type of Well BG EDDY UNIT ON Well Bd EDDY UNIT 3. Address of Trebehore No. 9. APPLICATION TO PERMIT" for such proposals 4. Location of Well Other 5. If Unit or CA, Agreement Designation Bid EDDY UNIT 3. Address of Trebehore No. 9. APPLICATION PROPERTIES 9. O, Box 2750 Middand, Texas 79702-2750 (915) 683-2277 10. OF Real and Pool, or Exploratory Area 11. County Or Parks, State 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION 13. Subsequent Report Abandonment 13. Subsequent Report Abandonment 13. Jourde Fracturing Casing Repair 13. Jourde Information Notice Attering Casing 13. Jourde Information Notice Casing Repair 14. Location of Under Antion State diagram. Descretation to Indiagram. 15. Jourde Inforotition State diagram. Casing			5. Lease Designation and Serial No.
Use "APPLICATION FOR PERMIT" for such proposals SUBMIT IN TRIPLICATE 1. Type of Weel BIG EDDY UNIT 2. Name of Operator Bild EDDY UNIT 3. Address and Telephone No. 9. APIWell Non 3. Address and Telephone No. 9. API Well Non 3. Address and Telephone No. 9. API Well Non 3. Address and Telephone No. 9. API Well Non 1. Cotation of Weel (Foodage, Sec. T. R. M. of Survey Description) 10. Field and Pool, or Exploratory Area 1980 FSL & 2130 FWL, SECTION 25, T21S-R28E EDDY COUNTY. NEW MEXICO 12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Image of Plans New Construction Subsequent Report Casing Repair Altering Casing Dispose Water Image of related and monter New Construction Image of related and monter New Construction Image of related and pool, or Exploration on Well Construction New Construction Image of related and pool, or Exploration on Well Construction New Construction Image of related and pool, or Exploration on Well Construction New Construction Image of related	SUNDR'	LC - 067144	
SUBMIT IN TRPLICATE 7. If Unit or CA. Agreement Designation 1. Type of Well BIG EDDY UNIT 1. Type of Orientation BIG EDDY UNIT 2. Name of Operator B. Well Name and No. Bass Enterprises Production Company B. Well Name and No. 3. Address and Teleprone No. 9. API Well No. 3. Address and Teleprone No. 9. API Well No. 3. Address and Teleprone No. 9. API Well No. 3. Address and Teleprone No. 9. API Well No. 3. Address and Teleprone No. 10. Field and Pool, or Exploratory Area Michael Texas 7900 (915) 683-2277 Michael Texas 7900 (915) 683-2277 Michael Texas 7900 (915) 683-2277 II. County or Parish, State EDDY COUNTY, NEW MEXICO 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Walk Report Plugging Back Conversion to inpection Non-Routine Fracturing Walk Report Updated site diagram. II. Descee Angose of Competer Operators (Clearly uses all pertice dates and year acting and use of attring any proceed way. If well a disclosed with the diagram. II. Descee note the attached updated site diagram. <td></td> <td></td> <td>eservoir 6. If Indian, Allotee or Tribe Name</td>			eservoir 6. If Indian, Allotee or Tribe Name
	Use "APPLICAT	ION FOR PERMIT for such proposals	
Image: Section of Verial (Sk Gas Weil (Sk Gas Y 70 (Sk Gas Y	S	UBMIT IN TRIPLICATE	7. If Unit or CA, Agreement Designation
2. Name of Operator Base Enterprises Production Company BIG EDDY 466 BIG EDDY COUNTY, NEW MEXICO BIG EDDY BIG EDD			BIG EDDY UNIT
Base Timeprises Production Company BIG EDDY #66 3. Address and Telephone No. P. D. Box 2760 9. D. Box 2760 (915) 683-2277 10. Field and Pool, or Exploratory Area Michaed, Texas 79702-2760 (915) 683-2277 11. Country or Well (Fordage, Sec. T. R. M. or Survey Description) 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Image of Plans New Construction Image of Intent Recompletion Image of Plans New Construction Image of Intent Recompletion Image of Intent Recompletion Image of Plans New Construction Image of Intent Recompletion			8. Well Name and No.
3. Address and Telephone No. P. O. Box 2750 Midland, Texas 27702-2750 (915) 663-2277 HULAN FLATS (ATOKA) 10. Field and Pool, or Exploratory Area MUDIAN FLATS (ATOKA) 11. Country or Parish, State EDV COUNTY. NEW MEXICO 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Plugging Back Casing Repair Altering Casing State diagram. 13. Descree Proposed of Competend Operations (Clearly state al paninem cases, and zone bottom to the way.) ⁺ Please note the attached updated site diagram. CERTIFIED 4F 973-823-522 JDL: PGS 10-11-00 14. Thereby certify that the foregoing is true and correct Signed (This space for Federal or State office use) Approved by	•	Company	BIG EDDY #66
Milland, Texas 29702-2760 (915) 833-2277 10. Field and Pool, or Exploratory Area 4. Location of Well (Footage, Sec. T. R., M. or Survey Description) 11. County or Parish. State 1980*FSL & 2130*FWL, SECTION 25, T21S-R28E EDDY COUNTY. NEW MEXICO 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Image: Subsequent Report Abandonment Image: Subsequent Report Abandonment Image: Subsequent Report Casing Repair Image: Subsequent Report Convertion to injection Image: Subsequent Report Casing Repair Image: Subsequent Report Convertion to injection Image: Subsequent Report Convertion to inje			9. AP! Well No.
	P. O. Box 2760		30-015-22682
1980' FSL & 2130' FWL, SECTION 25, T21S-R28E 11. County or Parish, State 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Subsequent Report Abandonment Plugging Back Caring Repair Caring Repair New Construction X3. Other Updated site diagram 13. Describe Proposed or Complete Operators (Charry state al performent states, and give perform to the work)* If we work if we if identified and perform to the work if we if identified and the properties of the state of dating any straced work. If we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and the performance of Recompletion on the identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if we if identified and perform to the work if identified and perform to the work if we if identified and perform to the work if identified and perform to the work if id	Midland, Texas 79702-2760	(915) 683-2277	10. Field and Pool, or Exploratory Area
1980 FSL & 2130 FWL, SECTION 25, T21S-R28E EDDY COUNTY, NEW MEXICO 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Image: Completion of Intent Abandonment Image: Completion of Intent Recompletion Image: Completion of Plugging Back Non-Routine Fracturing Image: Completion of Completion Operations of Unget Completion on Well Completion of Recompletion Recompletion Recompletion on Well 13. Describe Proposed of Completed Operations (Clearly state all pathners and give perform dates, inclusing estimated date of starting any proposed work. If well is directionally offild. Image: CERTIFIED #P 973-823-522 JDL:PCS 10-11-00 Image: CERTIFIED #P 973-823-522 JDL:PCS 10-11-00 Image: CERTIFIED #P 973-823-522 JDL:PCS 10-11-00 Image: Certified Completion of State office use) Approved by KEITH E. BUCY Tite </td <td>4. Location of Well (Footage, Sec., T., R.,</td> <td>M., or Survey Description)</td> <td>INDIAN FLATS (ATOKA)</td>	4. Location of Well (Footage, Sec., T., R.,	M., or Survey Description)	INDIAN FLATS (ATOKA)
I2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION I2. Change of Plans I2. Construction I2. Operation and Recompletion on Non-Routine Fracturing I2. Conversion to Injection I2. Conversion to Injection I2. Other I2. Other <td< td=""><td></td><td>0.0005</td><td>11. County or Parish, State</td></td<>		0.0005	11. County or Parish, State
TYPE OF SUBMISSION TYPE OF ACTION Image: State and the state of intent Abandonment Change of Plans Image: Subsequent Report Plugging Back New Construction Image: Subsequent Report Attering Casing Conversion to Injection Image: Subsequent Report Image: Subsequent Report Conversion to Injection Image: Subsequent Report Image: Subsequent Report Conversion to Injection Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report and Log form. Image: Subsequent Report and Log form. Image: Subsecter Report Image: Subsequent	1980' FSL & 2130' FWL, SECTION 25, 121	S-R28E	EDDY COUNTY, NEW MEXICO
Image: Subsequent Report Abandonment Recompletion New Construction Image: Subsequent Report Casing Repair Non-Routine Fracturing Non-Routine Fracturing Image: Subsequent Report Casing Repair Conversion to Injection Non-Routine Fracturing Image: Subsequent Report Casing Repair Conversion to Injection Dispose Water Image: Subsequent Report Dispose Water Notice Recompletion on Well Image: Subsequent Report Dispose Water Note: Recompletion Recomment on Neel Image: Subsequent Report Image: Subsequent Report Note: Recompletion Recomment on Neel Image: Subsequent Report Image: Subsequent Report Note: Recompletion Recomment on Neel Image: Subsequent Report Image: Subsequent Report Note: Recompletion Recomment on Neel Image: Subsequent Report and Legeths for all markers and zones pertinent bits with V Image: Subsequent Report Neel Subsequent Report Image: Subsequent Report Subsequent Report Image: Subsequent Report Image: Subsequent Report Neel Subsequent Report Image: Subsequent Report Subsequent Report Subsequent Report Neel Subsequent Report Neel Subsequent Report Imarkers and zones pertinent date, including stimulation in Neel <td>12. CHECK APPROPRIAT</td> <td>E BOX(s) TO INDICATE NATURE OF NOT</td> <td>ICE, REPORT, OR OTHER DATA</td>	12. CHECK APPROPRIAT	E BOX(s) TO INDICATE NATURE OF NOT	ICE, REPORT, OR OTHER DATA
Recompletion New Construction Subsequent Report Casing Repair Final Abandonment Notice Attering Casing XO ther Updated site diagram Non-Routine Fracturing Conversion to Injection Dispose Water Conversion to Injection (Note: Report reaction of Recompletion or Recompletion Report and Log form.) 13. Describe Proposed or Completed Operators (Clearly state all periment details, and give periment details, including estimated date of starting any proposed work. If well is directionally delided, give subsurface locations and measured and true vertical depths for all markers and zones periment bits work.)* Please note the attached updated site diagram. UPORIFIED CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. Thereby certify that the foregoing is true and correct Signed KEITH E. BUCY Title Division PROD. SUPT. Date Io/11/doc	TYPE OF SUBMISSION	TYPE OF ACTION	
Recompletion New Construction Subsequent Report Casing Repair Final Abandonment Notice Attering Casing XO ther Updated site diagram Non-Routine Fracturing Conversion to Injection Dispose Water Conversion to Injection (Note: Report reaction of Recompletion or Recompletion Report and Log form.) 13. Describe Proposed or Completed Operators (Clearly state all periment details, and give periment details, including estimated date of starting any proposed work. If well is directionally delided, give subsurface locations and measured and true vertical depths for all markers and zones periment bits work.)* Please note the attached updated site diagram. UPORIFIED CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. Thereby certify that the foregoing is true and correct Signed KEITH E. BUCY Title Division PROD. SUPT. Date Io/11/doc			
Subsequent Report Plugging Back Casing Repair Non-Routine Fracturing Water Shut-Off Conversion to Injection Image: Subsequent Report Attering Casing Attering Casing State office and the second period of the second period on the presidence Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 13. Describe Proposed or Complete Operations (Clearly state all periment details, and give periment dates, including estimated date of starting any proposed work. If wells directionary dilled, give subsurface locations and measured and true vertical depths for all markers and zones periment to this work.)* Please note the attached updated site diagram. Image: CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. Thereby certify that the foregoing is true and correct Signed Signed KEITH E. BUCY Title Date Image: Complete of State office use)*	XX Notice of Intent		
Casing Repair Water Shut-Off Conversion to Injection Dispose Water Dispose Water Dispose Water 13. Describe Proposed or Completed Operations (Clearly state all pertinent datas, and give pertinent datas, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* Please note the attached updated site diagram. Image: Certify that the foregoing is true and correct Signed Certify that the foregoing is true and correct Signed KEITH E, BUCY Title Division PROD SUPT. Date It has pace for Federal or State office use) Title Date Date	Subsequent Report		
Final Abandonment Notice Final Abandonment Notice Altering Casing Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Conversion to Injection Dispose Water (Injection) (Injection	Subsequent Report		
Image: Control of the state of the stat	Final Abandonment Notice		Conversion to Injection
Completion Report and Log form.) 13. Describe Proposed or Completed Operations (Clearly state all partiment details, and give periment dates, including estimated date of starting any proposed work. If well is directionally drilled. give subsurface locations and measured and true vertical depths for all markers and zones periment to this work.)* If we have a starting any proposed work. If well is directionally drilled. Please note the attached updated site diagram. If we have a starting any proposed work. If well is directionally drilled. CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. Thereby certify that the foregoing is true and correct Signed KEITH E. BUCY Title Date 10/11/00 Title Date			Dispose Water
13. Describe Proposed or Completed Operations (Clearly state all periment dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones periment to this work.)* Please note the attached updated site diagram. UORI: UORI: CERTIFIED #P 973-823-522 JDL:PGS 10. I hereby certify that the foregoing is true and correct Signed KEITH E. BUCY Title Division PROD. SUPT. Date Infinition			(Note: Report results of multiple completion on Well
give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work. ¹ Please note the attached updated site diagram. Please note the attached updated site diagram. CERT IF IED #P 973-823-522 JDL:PGS 10-11-00 CERT IF IED #P 973-823-522 JDL:PGS 10-11-00 14. I hereby certify that the foregoing is true and correct Signed KEITH E. BUCY Title DIVISION PROD. SUPT. Date Ic/II/co (This space for Federal or State office use) Approved by Title Date			Completion or Recompletion Report and Log form.)
CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. I hereby certify that the foregoing is true and correct Signed			ad date of starting any proposed work. If well is directionally drilled,
CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. I hereby certify that the foregoing is true and correct Signed	give subsurface locations and measured and true v	ertical depths for all markers and zones pertinent to this work.)*	
CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. I hereby certify that the foregoing is true and correct Signed			021222324
CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. I hereby certify that the foregoing is true and correct Signed	Blosso note the attached undated site diag	ram	Plu Strange
CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. I hereby certify that the foregoing is true and correct Signed	Please note the attached updated site diag		
CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. I hereby certify that the foregoing is true and correct Signed			E ULT Dea VE
CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. I hereby certify that the foregoing is true and correct Signed		C X · · ·	E RECENSION
CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. I hereby certify that the foregoing is true and correct Signed			S UCD CEIVED
CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. I hereby certify that the foregoing is true and correct Signed			TO ANTESIA
CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. I hereby certify that the foregoing is true and correct Signed		and the product of the second	12
CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. I hereby certify that the foregoing is true and correct Signed			illo. all
CERTIFIED #P 973-823-522 JDL:PGS 10-11-00 14. I hereby certify that the foregoing is true and correct Signed		and the second	681954
14. I hereby certify that the foregoing is true and correct Signed Image: CERTIFIED in a provide of the second correct Signed Image: CERTIFIED in a provide of the second correct Signed Image: CERTIFIED in a provide of the second correct Signed Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the seco			
14. I hereby certify that the foregoing is true and correct Signed Image: CERTIFIED in a provide of the second correct Signed Image: CERTIFIED in a provide of the second correct Signed Image: CERTIFIED in a provide of the second correct Signed Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the second correct Image: CERTIFIED in a provide of the seco		and the second	
14. I hereby certify that the foregoing is true and correct Signed (This space for Federal or State office use) Approved by Title DIVISION PROD. SUPT. Date			
14. I hereby certify that the foregoing is true and correct Signed Signed Image: CERTIFIED with strue and correct Signed Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Signed Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Signed Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and correct Image: CERTIFIED with strue and co		4 4 072-823-522 IDI • PGS 10-11-	-00
Signed Image: KEITH E. BUCY Title DIVISION PROD. SUPT. Date Io/11/00 (This space for Federal or State office use) Approved by			
(This space for Federal or State office use) Title Date	14. Thereby certify that the foregoing is tru	le and correct	, 1
Approved by Title Date	Signed WIRE Su	KEITH E. BUCY Title DIVISIO	DN PROD. SUPT. Date 10/11/00
	•		
Conditions of approval, if any:		Title	Date
	Conditions of approval, if any:		
	Title 18 U.S.C. Section 1001, makes it a crime for any pe	erson knowingly and willfully to make to any department or agency of the	e United States any faise, fictitious or fraudulent statements

or representatives as to any matter within its jurisdiction.

