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Company or Operat	tor						I	Lease	T TT OFT A	T E 4	Well No.	
FRED M. ALLISON							HONOLULU STATE A 4					
Unit Letter							_	CHAVES				
Pool COYOTE QUEEN							K	Kind of Lease (State, Fed, Fee) STATE				
If well	produces oil or give location of	conden		Unit Lette	er	5	ection	Township	<u> </u>	Range		
			lensate 🗍	<u> </u>		Address	FRED	M. ALLT	SON COPY OF	f this form	is to be sent)	
Authorized transporter of oil or condensate WATER INJECTION WELL							Address (sine address to which composed copy of this form is to be sent) FRED M. ALLISON P. O. DRAWER 1828					
	<u></u>							AND, TEX N_{\circ}	.83			
			Is Gas Ad			L			roved copy o	f this form	n is to be sent)	
Authorized transporter of casing head gas or dry gas Date Con- nected Address (give address to which approved copy of this form is to be s												
If gas is not being	g sold, give reas	ons and	d also explain its	present dis	position:		<u></u>					
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The undersigne				ations of t	he Oil C	onservat	on Comm		n complied	with.		
	d certifies that	t the F	ules and Regula				01 00000	ission have bee				
			tules and Regulation in the second seco			gust		, 19 <u>62</u> .				
	Exec	cuted 1		th day of _				<u>, 1962</u> .				
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