Subsurface Safety Valve: Manu. and Type _____ 18. I hereby certify that the foregoing is true and correct TIREGULATORY COORDINATORATE (This space for Federal or State office use) DATE _ APPROVED BY ACCEPTED FOR RECOKD CONDITIONS OF APPROVAL, IF ANY: ઉં હૈ *See Instructions on Reverse Side

U.S. GEOLOGICAL SURVIY POSWELL, NEW MEY

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