18. I hereby certify that the foregoing is true and correct ORIGINAL SIGNED TITLE Region Operation Manager BY E. Y. WILDER SIGNED DATE (This space for Federal or State office use) APPROVED BY DATE CONDITIONS OF APPROVAL, IF ANY: 5 d F 2 d 5 3 슬등급 \vec{x} 1 put

The Morrow zone flowed on CAOF 3884 MCFD.