NEW MI CO OIL CONSERVATION CON ISSION R

Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Well No. Unit Letter S T R Pool County Kind of Lease (State, Fed. or Pater If well produces oil or condensate, give location of tanks: Unit Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to Authorized Transporter of Gas Address (Give address to which approved copy of this form is to If Gas is not being sold, give reasons and also explain its present of Sharker Reasons for Filing: (Please check proper box) New Well Change in Transporter of (Check One): Oil () Dry Gas () C'heac Change in Ownership () Other Give explain its present of the Sharker of Sharker (Give explain its present of the Sharker of Sharker (Sive explain its present of the Sharker of Sharker of the Sh	e
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