

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

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator _____ Lease 38 A

Well No. 5 Unit Letter K S 32 T 13R 31E Pool _____

County Chaves Kind of Lease (State, Fed. or Patented) XXX State

If well produces oil or condensate, give location of tanks: Unit *K-5 32 T 13S R 31E

Authorized Transporter of Oil or Condensate _____

Address _____

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____ Date Connected _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well _____ ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____ ()

Remarks: _____ (Give explanation below)

*Located on line between unit letters K&J

State BG 1

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the _____ day of _____ 19 _____

By _____

Approved _____ 19 _____

Title _____

OIL CONSERVATION COMMISSION

By _____

Company _____

Title _____

Address _____