Intervention Intervention	CERTIFICATE O TO TRÁNS FILE THE ORIGINAL A , INC. Township 14S	ND 4 COPIES WITH T Range 37E		1) - 33 - <u>AN</u> - <u>64</u> Well No. 1
Authorized transporter of oil X or condensate Address (give address to which approved copy of this form is to be sent) SERVICE PIPE LINE CO. P. O. BOX 1979 TULSA, OKLAHOMA Is Gas Actually Connected? YesNoX				
Authorized transporter of casing head gas or dry gas Date Connected Address (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:				
No Gas Produced				
REASON(S) FOR FILING (please check proper box) New Well Change in Ownership Change in Transporter (check one) Other (explain below) X Oil Oil Dry Gas Casing head gas Condensate				
Remarks Water Flood Associates, .nc. assumed operation of this well on February 1, 1964, from R. H. Siegfried.				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.				
Executed this the <u>6TH</u> day of <u>JUNE</u> , 19 <u>64</u> .				
Approved by By C. J. J. Dalla				
Turo Maria	Company WA	PRODUCTION CLERK Company WATER FLOOD ASSOCIATES, INC.		
Date		Address 2211 Continental National Bank Bldg. Fort Worth, Texas 76102		