I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved Sinclair 011 & Gas Company

(Company or Operator)

By:

(Signature)

By: NOL yurlyallyh
Title 7 5 75 55 55 55

Title Dist. Supt.

Send Communications regarding well to:

Name Singlair Oil & Gas Co.
Address Box 1927 Hobbs, N.M.