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County of Harris jss. 1 I am the Operator, or authorized representative of the Operator, of the above-referenced Well. 1 I am the Operator, or authorized representative of the Operator, of the above-referenced Well. 2 I have personal knowledge of the facts contained in this Application. 3 To the best of my knowledge, this application is complete and correct. Signature Signature QUALLY Title Tax Incentive Analyst Operator Date 10/30/01 Signature SUBSCRIBED AND SWORN TO before me this Operator, and the above-referenced well is designated a Production Restriction Profest. By Copy hereoit CERTIFICATION OF APPROVAL: Notary Public This Application is hereby approved and the above-referenced well is designated a Production Restriction Profest. By Copy hereoit Division outfles the Secretary of the Taxation and Revenue Department of this Approval and certifies that productiongases restorable Signature District Superator OCD District Date DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT Operator Signature District Superator OCT District Date I hereby certify that the information above is true and complete to the best of my knowledge and helief. </td <td>. Affidavit:</td> <td></td> <td></td> <td>7</td> <td></td> <td>· · · · · · ·</td> <td></td> <td></td>	. Affidavit:			7		· · · · · · ·			
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