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mpany or Operator	FILE THE O		······································	Lease.	25	Well N	
				County			35
nit Letter Section	Township 17-5	Range	37- E	I			
pol				Kind of Lease	(State, Fed, Fee	e)	
End and here		Unit Letter	Section	Township	FES	Range	
If well produces oil or condensate give location of tanks		7	6	17-6	3	37-8	sent)
athorized transporter of oil or o	condensate		Address (give a	ddress to which a	approvea copy o	of this form is to be	0000)
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t hesse herde all d e set based in the		·					
		ctually Connect	ed? Yes	dtress to which	approved copy o	of this form is to be	sent)
utherized transporter of casing head	gas 🧾 or dry gas	Date Con- nected	nuaress (give a				
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f gas is not being sold, give reasons		nracent dienosition	<u> </u>				
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Change in ' Oil			Change in Ow	vnership			
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