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|----|--|-------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 16 |  | # 1 * 330'  |  | <div style="border: 1px solid black; padding: 5px;"> <p><b>17 OPERATOR CERTIFICATION</b></p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <p>Signature</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> R. L. Wheeler, Jr. </div> <p>Printed Name</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Admin. Svc. Coord. </div> <p>Title</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 7-26-96 </div> <p>Date</p> </div>       |  |
|    |  | # 3 * 1980' |  | <div style="border: 1px solid black; padding: 5px;"> <p><b>18 SURVEYOR CERTIFICATION</b></p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <p>Date of Survey</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <p>Signature and Seal of Professional Surveyor:</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <p>Certificate Number</p> </div> |  |
|    |  | # 4 * 1090' |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |