Intensitie					
Company or Operator		OPIES WITH IF	4931 JUN 15 A		Well No.
Init Letter Section Township 300. Range 370		County			
Pool	Kind of Lease (State, Fed. Fee)				
If well produces oil or condensate Unit Letter		Section	Township Range		
give location of tanks		Address (give ad	ddress to which approved copy of this form is to be sent)		
S MLL Plane Silvie Company					
- · · · ·	ually Connecte			, 	·····
Authorized transporter of casing head gas or dry gas	Date Con-	+	No tress to which approved co	py of this fo	rm is to be sent)
Califold Certan Corpany	nected	Labo M. Ten & averus, Amerilia, Toxas			
If gas is not being sold, give reasons and also explain its pr	1			ř	
Oil Dry Ga Casing head gas Conder		Escienti surra	Mir A. (* 1935) - A BBA		
Remarks Charles addie O.M. (Margo paradour Genze am é-A-Gh. Wars nadie baie	ed dolareni Mer sector	of doin 52 gridea er 1	Torig it di fa Matu Mileji in) sifais . L	State
The undersigned certifies that the Rules and Regulatio	ons of the Oil Con	servation Comm		ed with.	
	day of		_ , 19		
		Ву			
Approved by Losles & C. Comer	4	Title Barris Browlingendent			
Title	e tre	Company	- Stall NI Come		
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Date		Address		an i	
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