| Subsurface Safety Valve: Manu. and Type                                |   |        |          | Ft. |
|--|---|--------|----------|-----|
| 18. I hereby certify that the foregoing is the SIGNED WM A- Number for | TITLE Administrative Supervisor           | DATE   | 10117184 |     |
|  | This space for Federal or State office us |        |          |     |
| APPROVED BY CONDITIONS OF APPROVAL, IF ANY                             | TITLE                                     | DATE . |          |     |
| 0CT 2 5 1984   |   |        |          |     |

Carlolad, NEW MEXICO

\*See Instructions on Reverse Side