NTA FE LE S.G.3. IND OPFICE OIL GA3 ORATION OFFICE		CERTIFIC	ATE OF	COMPLI	NEW M		\S		DRM C-110 (Rev. 7-60)
PERATOR		FILE THE OR	IGINAL AND	4 COPIES	<b>WITH TH</b>	EAPPROPRIATE	OFFICE		1
Company or Operator	CALL CL	e Corpanatio	-			R. R. Bel		-C)	Well No.
Jnit Letter	1	Township <b>21</b> S	Ran	36E		County			
Pool	15		<u>h-</u>			Kind of Lease (State State	e, Fed <sub>e</sub> Fee)		
If well produ	ensate	Unit Letter		Section	Township Range		5.E		
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