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VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	<u>من محمد محمد من المحمد من المحمد من المحمد الم</u>	Length of Test	Bbis. Condensate/MMCF G	ravity of Condensate
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and beilbf.	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) C	hoke Size
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I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. <sup>1</sup> BY TILE District Supervisor TILE District Supervisor TILE District Supervisor TILE District Supervisor This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other auch change of condition. Separate Forms C-104 must be filed for each pool in multiply	IL CERTIFICATE OF COMPLIA	NUE	1	~
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY	I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED JIIN 40 131	, 19
It is form is to be filed in compliance with RULE 1104.         If this is a request for allowable for a newly drilled or deepened         (Signature)         Division Manager************************************	Commission have been complied	with and that the information given,	By Lerres X	Man
Monipulation       This form is to be filed in compliance with RULE 1104.         If this is a request for allowable for a newly drilled or deepened         (Signature)       Signature)         Division Manager************************************	above is true and complete to t	are best at my knowledge and beiler,		i a a u
If this is a request for allowable for a newly drilled or deepened         (Signature)         Division Manager************************************	An- 1		TITLE District Superv	isor
(Signature) Division Manager************************************	AMM,	7.4-		
Division Manager       Manager       Manager         (Tpile)       (Tpile)       (Tpile)       (Tpile)         (Tpile)       (Tpile)       (Tpile)       (Tpile)         (Tpile)       (Tpile)       (Tpile)       (Tpile)         (Date)       (Date)       (Date)       (Tpile)         NMOCD (5)       (Date)       (Date)       (Date)         (Date)       (Date)       (Date)       (Date)         (Date)       (Date)       (Date)       (Date)         (Date)       (Date)       (Date)       (Date)         (Date)       (Date)       (Date)       (Date)	- U.H. Man	und son		
All sections of this form must be filed out completely for show         All sections of this form must be filed out completely for show         All sections of this form must be filed out completely for show         able on new and recompleted wells.         Fill out only Sections I, II, III, and VI for changes of owner,         NMOCD (5)       (Date)         Separate Forms C-104 must be filed for each pool in multiply			tests taken on the well in accordan	ce with RULE 111.
NMOCD (5) (Date) NMOCD (5) (Date) MOCD (5) (Date) (Dat			All sections of this form must b	be filled out completely for allow-
NMOCD (5) (Date) well name or number, or transporter, or other auch change of condition. Separate Forms C-104 must be filed for each pool in multiply	61		Fill out only Sections I. II. II	I. and VI for changes of owner,
USGS () DIDATALLIN THE Separate Forms C-104 must be filed for each pool in multiply	NMOCD (5)	Date)	well name or number, or transporter, o	or other such change of condition.
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