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	address to which approved copy of this form is to be sentj
	310 Midland . M
Name of Authorized Transporter of Castoghead Gas 🔂 or Dry Gas 🗍 Address (Giv	address to which approved copy of this form is to be sent;
1 tarta 4/ a 44 pm John	
If will and used and a liquida Unit Sec. Twp. Rge. Is gas actual	y connected? When
give location of tanks. 177 1/9 121-1:39-5 UL	0 12-10-69
If this production is commingled with that from any other lease or pool, give comming	ing order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	~
7I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
	AUG - 6 1985
hereby certify that the rules and regulations of the Oil Conservation Division have APPROVI ween complied with and that the information given is true and complete to the best of	D, 19
ny knowledge and belief.	plan Joy ton
· TITLE_	DISTRICT 1 SUPERVISOR
	orm is to be filed in compliance with RULE 1104.
(Signature) It this	is a request for allowable for a newly drilled or deepened orm must be accompanied by a tabulation of the deviation
Area Engineer	on the well in accordance with AULE 111.
(Tule) All ee	tions of this form must be filled out completely for allow-
E 21 95	and recompleted wells.
<u> </u>	t only Sections I. II. III, end VI for changes of owner,
	r number, or transporter, or other such Change of Condition.
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