MBER OF COPIES RECEIVES 1 CISTRIBUTION NTAFE LE 3.G.3 IND OFFICE UND OFFICE PERATOR Company or Operator Unit Letter Section Sec	CERTIFI T FILE THE C	9				
				Ĩ, j #		
Pool Kind of Lease (State, Fed, Fee)						
If well produces oil >r condensate give location >f tanks		Unit Letter	Section	Township	Range	
Authorized transporter of oil I or condensate Address (give address to which approved copy of this form is to be sent)   Nation New Power Copy Lines Convergence Row 1520 - 1121 and 5 Rows						
Is Gas Actually Connected? Yes No   Authorized transporter of casing head gas or dry gas Date Con-   Address (give address to which approved copy of this form is to be sent)						
Authorized transporter of casing	nected	Rob Lava L Paro, Coxen				
Chang Oil Ca	REAS( ell : in Transporter (check on Dry sing head gas Con	Gas	Change in Owne Other (explain b	rship		
The undersigned certifies th		ations of the Oil Co	onservation Comm	let is littler of No. Aission have been complied w		
	RVATION COMMISSION		By		3	
Approved by			Title Company	<u>na di Cadadi</u> Sesti a <b>nt</b> a Relli Oli Gospano		
Date			Address	ex Mar Huang, Ker	· "一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一	