RAILROAD COMMISSION OF TEXAS OIL AND GAS DIVISION

FORM H-9 12/12/77

CERTIFICATE OF COMPLIANCE STATEWIDE RULE 36

FILE WITH DISTRICT OFFICE

							·	IN TRIPLICAT	
1. Operator				2. Operato	or Number (See	Instructio	on 13)	3. RRC Dist.	
4. Street or P. O. Box No.				5. City			6. State	7. Zip Code	
8. Name of Lease, Facility or Operation				9. Field or Area Name 10. County				ity	
11. General Operation Type - Circle One:				Other Explanation					
A-Oil Field Production	on B-	Gas Field F	roduction	n					
C - Pipeline or Gathering Sys. D - Gasoline Plant E - Drilling or Workover F - Sweetening Unit				13. Hydrogen Sulfide Concentration PPM 14. Maximum Escape Volume MCF/Day					
G-Combination (explain) H-Other (explain)				15. 100 PPM Radius of Exposure (ROE)					
2. RRC ID# of Operation(s) to be Covered by This	Type ID Indicate Code (See for Stora Instruction Facility		if Filing ge Only		Exposure (ROE) Ft. Exposure (ROE) F 17. Operation is Existing New 18. Modification Re- Yes No				
Certificate	12)	YES	NO				sulting in Ce ficate Change	rti	
		·	· · · · · · · · · · · · · · · · · · ·	19. Workover o than 3000	r Drilling Well fest on Rule 3	with 100 6 Certified	PPM ROE Gre	the second s	
				20. Previous C (Fer Ameno	ertificate Nun led Certificate		ailable		
				21. The 100 PPM ROE includes any part of a Yes No public area except a public road					
22. The 500 PPM ROE inclu public road					des any part of a Yes N				
				23. Injection of fluid containing Hydrogen Sulfide Yes No (See Instruction 14)					
· · · · · · · · · · · · · · · · · · ·				24. Date (or De applicable	pth) of Compl provisions of		/_	/ 19 Pay Year	
				Depth of C for Drilling			Ft. fr	om Surface	
5. Contingency Plan Location of Plan (See	Instruction 15			-	•••••		Has been prepa	Ves No	
5. Location of data used	to prepare this	certificate	e (See Ins	struction 15)		·			
•									
·		<u></u>							
I declare under penalti this report was prepa training and experienc under my supervision,	red by me or e, and by my	under my s analysis of	91.143, N supervisi the oper	on, and that I am ation being certifi	qualified to a ed, or by the	make this analysis c	certification by of qualified per	virtue of my	
Representative of Company				Title		Phone	No.	Date	
		RA	LROAD	COMMISSION USE	ONLY				
This operation and the mission audit for comp determines that the ope	liance with the	required p	rovisions	of Statewide Rule	36. This app	ification a roval may	nd is subject to be cancelled if	o further Com- investigation	
PROVED BY:				DATE:		•			
MARKS:				CERTIFICA	TION NUMB	ER:			