

**RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION
CERTIFICATE OF COMPLIANCE STATEWIDE RULE 36**

FORM H-9
12/12/77

FILE WITH
DISTRICT OFFICE
IN TRIPLICATE

1. Operator			2. Operator Number (See Instruction 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			11. General Operation Type - Circle One:								
A - Oil Field Production B - Gas Field Production C - Pipeline or Gathering Sys. D - Gasoline Plant E - Drilling or Workover F - Sweetening Unit G - Combination (explain) H - Other (explain)			Other Explanation								
12. RRC ID# of Operation(s) to be Covered by This Certificate			Type ID Code (See Instruction 12)		Indicate if Filing for Storage Facility Only YES NO		13. Hydrogen Sulfide Concentration _____ PPM				
							14. Maximum Escape Volume _____ MCF/Day				
							15. 100 PPM Radius of Exposure (ROE) _____ Ft.				
							16. 500 PPM Radius of Exposure (ROE) _____ Ft.				
					17. Operation is Existing <input type="checkbox"/> New <input type="checkbox"/>		18. Modification Resulting in Certificate Change Yes <input type="checkbox"/> No <input type="checkbox"/>				
					19. Workover or Drilling Well with 100 PPM ROE Greater than 3000 feet on Rule 36 Certified Well/Lease		Yes <input type="checkbox"/> No <input type="checkbox"/>				
					20. Previous Certificate Number if Available (For Amended Certificates) _____						
					21. The 100 PPM ROE includes any part of a public area except a public road Yes <input type="checkbox"/> No <input type="checkbox"/>						
					22. The 500 PPM ROE includes any part of a public road Yes <input type="checkbox"/> No <input type="checkbox"/>						
					23. Injection of fluid containing Hydrogen Sulfide (See Instruction 14) Yes <input type="checkbox"/> No <input type="checkbox"/>						
					24. Date (or Depth) of Compliance with all applicable provisions of Rule 36 ____/____/19____ Mo Day Year						
					Depth of Compliance for Drilling Operation _____ Ft. from Surface						
25. Contingency Plan Location of Plan (See Instruction 15)			Has been prepared						Yes <input type="checkbox"/> No <input type="checkbox"/>		
26. Location of data used to prepare this certificate (See Instruction 15)											
CERTIFICATE											
I declare under penalties prescribed in Section 91.143, Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision, and that I am qualified to make this certification by virtue of my training and experience, and by my analysis of the operation being certified, or by the analysis of qualified person working under my supervision, and that the data and facts stated therein are true, correct, and complete, to the best of my knowledge.											
Representative of Company			Title			Phone No.			Date		

RAILROAD COMMISSION USE ONLY

This operation and the equipment used therein is approved on the basis of the above certification and is subject to further Commission audit for compliance with the required provisions of Statewide Rule 36. This approval may be cancelled if investigation determines that the operation does not comply with the provisions of Statewide Rule 36.

APPROVED BY: _____

DATE: _____

REMARKS:

CERTIFICATION NUMBER: _____