OF MORTH SI	SFN 11766 (	(1-92) (4-ge)						
		K OF FORM	Permit Number					
SEE INSTRUCTIONS ON BACK OF FORM  Name of Facility						County		
Owner						This Correction Report of Production is for the Month of		
Signature						Title		
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	T T		1		T	<del></del>		
WELL NO.	SEC. & 1/4 OF 1/4	TWP.	RGE.	DAYS PRO- DUCED	VOLUME OF WATER PRODUCED	OF PRODUCED WATER	ULTIMATE DISPOSITION OF WATER (DISPOSAL)	
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This form i	s required as a re	egular month	nly report, reg	ardless of the s	tatus of operations,	and must be filed with	n the State Geologist by the 15th of	
	-	NAV 05			•			
EXECUTED II	HIS [	JAY OF			y			
Name of Com	pany or Operator	,						
Maine or com	party or operator	ı						
Signature						Title		
STATE OF			)					
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subscribed to	undersigned aut the above instru erein and that sa	ment, who b	eing by me d	uly sworn on o	ath states that he is	known to authorized to make th	me to be the person whose name is is report and has knowledge of the	
Subscribed an	d sworn to befor	re me this	day	of				
					Motory Public			
Notary Public								
					County of			

My Commission expires \_\_\_\_\_