



Comments: MAIN TUBING GATE VALVE CLOSED. ALL OTHER VALVES OPEN. LEFT BHD CLOSED.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Test Performed By: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (505) 215-5718

Signed: GEOFF WALTS Title: MTS Date: 9/4/2009

Witnessed By: GEOFF W. Title: MTS Agency: \_\_\_\_\_