NUMBER OF COPIES RECEIVE DISTRIBUTION SANTA FI FILE U.S.G.S.	2	1	SANT	A FE, NEW M		FORM C-110 (Rev. 7-60)
LAND OFFICE TRANSPOLITER OIL GAS PROBATION OFFICE					AND AUTHORIZ	ATION C.C.
OPERATOR	· · · · · · · · · · · · · · · · · · ·	FILE THE OR	IGINAL AND 4 C	OPIES WITH TH	E APPROPRATE OFF	ich 'Gy Well No.
Company or Operator Burk Gas Corporation					La Minyon	3
Unit Letter F	Section 7	ownship 23 8	Range 37	E	County Lea	
Pool Lang	lie Mattix				Kind of Lease (State, Fe	ed,Fee)
If well produces oil or condensate give location of tanks				Section	Township	Range
Authorized transport		lensate 🗍		Address (give ad	dress to which approved c	copy of this form is to be sent)
······						
		ls Gas Ac	tually Connecte	d? Yes	_ No	
Authorized transport	er of casing head gas	s or dry gas [Date Con- nected	Address (give ad	dress to which approved c	opy of this form is to be sent)
Northern	Natural Gas	Company	4/8/59	2223 Dod	lge Street, Omah	a, Nebraska
If one is not hains -	old, give reasons and	l also evolain ite t	resent disposition:	<u> </u>		
		lgas, Dry Cond				
	To change op to Burk Gas			ng Company		
The undersigned of	certifies that the R	ules and Regular	tions of the Oil Co	onservation Com	mission have been com	plied with.
	Executed t	his the 30th	_ day of	reh	, 19 64	
	OIL CONSERVATI			By AZ	_, 19 <u>64</u> .	
Approved by				Title		
(ACT				Agent Company		<u> </u>
11110	e terre a	a di se			Corporation	
Date		4 4 C.	<u></u>		TS & GAS SERVICES	
			ana ana amin'ny soratra amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny	BOX 763 H	OBBS, NEW MERICO	