NO. OF COPIES RECI	IVED	
DISTRIBUTIO	N	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	FICE	
Operator Durleson &	Buff	

11/2	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
	Supersedes Old C-104 and C-11	l
•	Effective 1-1-65	

			anks
	*** <u>*</u> **		9 10kg
NO. OF COPIES RECEIVED		J-0	
DISTRIBUTION		SERVATION COMMISSIO	Form C-104
SANTA FE	REQUEST FO	OR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL O	SAS Sy (C)
LAND OFFICE	ACTION ENTRY		11/4 .
OIL			69
TRANSPORTER			
GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
Burleson & Buff			
Address			
	Berne 70701		
P. O. Bax 935, Midland	, 16700 1310T	Other (Please explain)	
Reason(s) for filing (Check proper box)	,	Omer (Transaction)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condens	ate	
Change in Ownership			
If change of ownership give name and address of previous owner	Sen 011 Company, Box 186	l, Midland, Texas 7970	<u> </u>
	FACE		
DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For	mation Kind of Leas	e Lease No.
Lease Name		State, Feder	alor Fee
(formerly Lemebart)	2 Jalmat Yates		760
Location			
I 198	Feet From The south Line	and 660 Feet From	The cast
Unit Letter;	Feet From the		
20	25-South Bange 37	-Zest NMPM, Let	County
Line of Section Town	nship Range	A	
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which appro	and some of this form is to be sent!
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	oved copy of this form is to be selley
	1		
I The section of Case	inghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of Cas	Indused das		•
		Is gas actually connected?	nen
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is day detain, connected.	
give location of tanks.	1		
		rive commingling order number:	
If this production is commingled wit	h that from any other lease or pool,	The comming of the co	
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Designate Type of Completio		l i	
Designate Type of domptons		Total Depth	P.B.T.D.
		lotal Debtu	1
Date Spudded	Date Compl. Ready to Prod.	•	
Date Spudded	Date Compi. Reday to Prod.		
		Top Oil/Gas Pay	Tubing Depth
Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Tubing Depth
			Tubing Depth Depth Casing Shoe
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay CEMENTING RECORD	Depth Casing Shoe
Elevations (DF, RKB, RT, GR, etc.) Perforations	Name of Producing Formation TUBING, CASING, AND	Top Oil/Gas Pay	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay CEMENTING RECORD	Depth Casing Shoe
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Elevations (DF, RKB, RT, GR, etc.) Perforations	TUBING, CASING, AND CASING & TUBING SIZE	Top O:1/Gas Pay CEMENTING RECORD DEPTH SET	Depth Casing Shoe SACKS CEMENT
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(Title)

(Date)

12-8-69

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.