## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

| -0. 00 100111 950 |     |  |
|-------------------|-----|--|
| DISTRIBUTION      |     |  |
| SANTA PE          |     |  |
| FILE              |     |  |
| U.S.G.S.          |     |  |
| LAND OFFICE       |     |  |
| THANSPORTER       | DIL |  |
|                   | GAS |  |
| OPERATOR          |     |  |
| PROBATION OFFICE  |     |  |

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multip completed walls.

REQUEST FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GAS

| AUTHORIZATION TO TRANSP   | UR I DIE AND NATORAE GAS   |  |  |
|---|--|--|--|
| I.  |  |  |  |
| Operator  |  |  |  |
| Earl R. Bruno   |  |  |  |
| Address   |  |  |  |
| P. O. Box 590, Midland, TX79702 (915)685-0113   |  |  |  |
| Reason(s) for liling (Check proper box)   | Other (Please explain)   |  |  |
| New Well Change in Transporter of:  |  |  |  |
| Recompletion  | y Gas  |  |  |
| XX Change in Ownership Casinghead Gas Co  | ndensate   |  |  |
|   | x 460 Hobbs NM   |  |  |
| H. DESCRIPTION OF WELL AND LEASE  | No.   Xind of Lease   Lease No.  |  |  |
| Lease Name  | State Federal of Fee Forders 1 10031670  |  |  |
| McCallister "B" 1 Scharborough-Ya   | ites 7 Rivers Island W. 13 Tederal Incostor  |  |  |
| Logation  | ·  |  |  |
| Unit Letter I : 2310 Feet From The South Line   | e and 330 Feet From The East   |  |  |
| Unit Letter   |  |  |  |
| Line of Section 25 Township 26S Range   | 36E , HMPM, Lea County   |  |  |
|   |  |  |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL                                    | Address (Give address to which approved copy of this form is to be sent)   |  |  |
| Name of Authorized Transporter of Oil XX or Condensate                                | l control of the cont |  |  |
| Shell Pipeline Company  | P. O. Box 1910, Midland, TX 79702  Address (Give address to which approved copy of this form is to be sent)  |  |  |
| Name of Authorized Transporter of County  | 1  |  |  |
| El Paso Natural Gas Company   | P. O. Box 1492, El Paso, TX 79978  |  |  |
| If well produces oil or liquids,  | 1  |  |  |
| alve location of tanks. P 43 1 205 30E  | no   |  |  |
| If this production is commingled with that from any other lease or pool,              | give commingling order number:   |  |  |
| The property of the second side if necessary  |  |  |  |
| NOTE: Complete Parts IV and V on reverse side if necessary.                           | 11   |  |  |
| VI. CERTIFICATE OF COMPLIANCE   | OIL CONSERVATION DIVISION  |  |  |
| •   | ADDROVED . 19  |  |  |
| I hereby certify that the rules and regulations of the Oil Conservation Division have | XPPROVED   |  |  |
| been complied with and that the information given is the and complete to the best of  | BY ORIGINAL SIGNAL OF JERRY SEXTON DISTRIC DOCERVISOR  |  |  |
| my knowledge and belief.  | DISTRIC 100 TO VICIO   |  |  |
|   | TITLE  |  |  |
| (   | This form is to be filed in compliance with RULE 1104.   |  |  |
| This & Dune   | to the language for allowable for a newly drilled or deepen  |  |  |
| (Signoture)   | If the term with he accompanied by a tabulation of the devices   |  |  |
| Earl R. Bruno-Owner   | tests taken on the well in accordance with AULE 111.  All rections of this form must be filled out completely for allo   |  |  |
| (T(tle)   | All rections of this form must be interested, in able on new and recompleted wells.  |  |  |
| Sept. 20, 1988  | I and I ambie problem to the title and VI for changes of owner   |  |  |
| (Date)  | wall name or number, or transporter, or other such change of conditi   |  |  |

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SEP 21 1988

OCD FUSBS OFFICE