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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	Form C-104
	Revised 10-01-78 Format 06-01-83
	TION DIVISION Page 1
P. O. BO	
LAND OFFICE	
	R ALLOWABLE .
OPERATOR AI	ND
AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS
Coperator (015) (05, 1012)	
Earl R. Bruno (915)685-1013	
P. O. Box 590, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Olher (Pieose explain)
New Well Change in Transporter of:	y Gas
	ondensaie
If change of ownership give name Conoco, Inc. P. O. Box and address of previous owner	460, Hobbs NM
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including F	
McCallister "A" 8 Scharborough-Y	ates 7 Rivers Stote, Federal or Fee Federal L_C.03167;
Location	and 1650 Feet From The East
Unit Letter J : 1980 Feet From The South Lin	
Line of Section 24 Township 265 Range	36F , NMPM, Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS
Name of Authorized Transporter of Oll XX or Condensate	
Shell Pipeline	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 Casinghead GasXX or Dry Gas	P. O. Box 1492, E1 Paso TX 79978
El Paso Natural Gas Company Unit Sec. Twp. Rge.	Is gas actually connected? When
If well produces oil or liquide. rive location of tanks. P 25 268 36E	Yes
If this production is commingled with that from any other lease or pool,	give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	·
	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of	
my knowledge and belief.	BYDISTRICT SUPERALISE
	TITLE
$(\rho \rho)$	This form is to be filed in compliance with RULE 1104.
Cal K. Duno	If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati
(Slanature)	I tests taken on the well in accordance with RUCE 111.
Earl R. Bruno - Owner (Tule)	All sections of this form must be filled out completely for allo able on new and recompleted wells.
Sept. 20, 1988	If and VI for changes of own
(Date)	Fill out only Socians I. II. II. wher such change of condition well name or numbar, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip
	completed wells.
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