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Form C-104  
Revised 10-01-78  
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Page 1

ARTESIA, OFFICE

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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	GAS <input checked="" type="checkbox"/>	
OPERATOR		<input checked="" type="checkbox"/>
REGISTRATION OFFICE		

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

20-015-04656

I.

Operator: FI-RO CORPORATION ✓

Address: PO BOX 8148 ROSWELL, N.M. 88202

Reason(s) for filing (Check proper box):

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain):

If change of ownership give name and address of previous owner: HOMER J. KYLE, LOVINGTON, N.M.

II. DESCRIPTION OF WELL AND LEASE

Lease Name TIDEWATER STATE	Well No. 1	Pool Name, including Formation N. HACKBERRY YATES 7RIVERS	Kind of Lease State, Federal or Fee STATE	Lease K4472
Location Unit Letter G : 2310 Feet From The North Line and 1650 Feet From The East Line of Section 36 Township 19S Range 30E, NMPM, Eddy Cour				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO CRUDE OIL PURCHASERS	Address (Give address to which approved copy of this form is to be sent) ARTESIA, N.M.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When

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.

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.

FI-RO CORPORATION

*[Signature]*  
(Signature)

TOMMY McDONALD, PRESIDENT  
(Title)

3-1-90  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 21 1990

BY ORIGINAL SIGNED BY  
MIKE WILLIAMS  
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit  
Separate Forms C-104 must be filed for each pool in multi completed wells.

Case No. 13657  
March 2, 2006  
OCD Exhibit 8