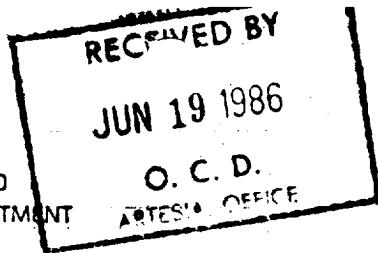


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT



Form C-104  
Revised 10-0-78  
Format 00-07-83  
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	<input type="checkbox"/>

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator FI-RO CORPORATION

Address P O BOX 315, NATCHEZ, MS. 30120

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 checked="" 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 COLLIER ENERGY CORP. P O DRAWER R, ARTESIA, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>ATLANTIC A STATE</u>	Well No. <u>2</u>	Pool Name, including Formation <u>REDLAKE QUEEN GRAYBURG EAST</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>E9359</u>
Location				
Unit Letter <u>F</u>	<u>1980</u>	Feet From The <u>North</u>	Line and <u>1900</u>	Feet From The <u>West</u>
Line of Section <u>12</u>	Township <u>17S</u>	Range <u>28E</u>	<u>NMPM,</u>	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>NAVAJO CRUDE OIL</u>	Address (Give address to which approved copy of this form is to be sent) <u>P O BOX 159, ARTESIA, NM 88210</u>
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
Unit <u>E</u> Sec. <u>12</u> Twp. <u>17S</u> Rge. <u>28E</u>	<u>Post FD-3</u> <u>7-18-86</u> <u>CHG OP</u> <u>CHG LT: MAC</u>

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.

Lwana McDonald  
(Signature)  
SECRETARY AND TREASURER  
(Title)  
6-3-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 16 1986, 19 \_\_\_\_\_

BY \_\_\_\_\_ Original Signed By  
Les A. Clements

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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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.