

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		✓
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	
OPERATOR		✓
REGISTRATION OFFICE		

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

RECEIVED

MAR 15 '90

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

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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 PURCHASERS</u>	Address (Give address to which approved copy of this form is to be sent) <u>ARTESIA, N.M.</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? <u>Yes</u> When <u>3-23-90</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.

FI-RO CORPORATION

(Signature)

TOMMY McDONALD, PRESIDENT
(Title)

3-1-90
(Date)

OIL CONSERVATION DIVISION

MAR 21 1990

APPROVED _____, 19____

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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 condition.

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