

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	<input checked="" type="checkbox"/>
	GAS	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>
PROMOTION OFFICE		

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MAR 27 1985

O. C. D.

ARTESIA, 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator FI-RO Corporation		
Address P.O. Box 315, Natchez, Mississippi 39120		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner **Collier Energy, Inc., P.O. Drawer R, Artesia, NM 88210**

II. DESCRIPTION OF WELL AND LEASE

Lease Name FoFo	Well No. #2	Pool Name, including Formation McMillan 7-Rivers Queen	Kind of Lease State, Federal or Fee State	Lease No. L-2632
Location Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West Line of Section 32 Township 19S Range 27E , NMPM, 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"/>		Address (Give address to which approved copy of this form is to be sent)	
Navajo Crude Oil Purchasing Company		P.O. Drawer 175, Artesia, NM 88210	
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.	Unit F	Sec. 32	Twp. 19
		Rge. 27	
Is gas actually connected?		When	
No		Post ID-3 5-17-85 Chg Op.	

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.


(Signature)
Owner **President**
(Title)
March 26, 1985
(Date)

OIL CONSERVATION DIVISION

MAY 15 1985

APPROVED _____, 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.