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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

**I. Operator**  
FI-RO CORPORATION  
**Address**  
P O BOX 315, NATCHEZ, MS. 39120

**Reason(s) for filing (Check proper box)**  
 New Well  
 Recompletion  
 Change in Ownership  
Change in Transporter of:  
 Oil  
 Casinghead Gas  
 Dry Gas  
 Condensate  
**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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
ATLANTIC A STATE	1	REDLAKE QUEEN GRAYBURG EAST	State, Federal or Fee STATE	E9359

**Location**  
Unit Letter E; 1980 Feet From The North Line and 660 Feet From The West  
Line of Section 12 Township 17S Range 28E, 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	P O BOX 159, 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	12	17S	28E		<u>Past ID-3</u> <u>7-18-86</u> <u>Chg op</u> <u>Chg LT: KOC</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.

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

**OIL CONSERVATION DIVISION**

**JUL 16 1986**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
Original Signed By  
Les A. Clements  
Supervisor District II

TITLE \_\_\_\_\_

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.