

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	<input checked="" type="checkbox"/>
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY

JUN 24 1985

O. C. D.
ARTESIA, OFFICE

Form C-10
Revised 11-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
FI-RO CORPORATION ✓
Address
P O BOX 315, NATCHEZ, MS. 39120
Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Dry Gas
☐ Casinghead Gas
☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner
BILL G. ISLER, 123 THREE CROSS DRIVE, ROSWELL, N.M. 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name WORLEY FEDERAL	Well No. 1	Pool Name, including Formation Leslie Spring, SA	Kind of Lease State, Federal or Fee Federal	Lease No. NM 43714
Location Unit Letter <u>E</u> : <u>330</u> Feet From The <u>WEST</u> Line and <u>2970</u> Feet From The <u>SOUTH</u> Line of Section 25 Township 7S Range 26E, NMPM, CHAVES 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"/> NAVAJO REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P O DRAWER 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. no tank battery	Unit Unit	Sec. Sec.
	Twp. Twp.	Rge. Rge.
Is gas actually connected?		When Post ID-3 6-28-85 Chg ap

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.

Twana McDonald
(Signature)

TWANA MCDONALD, SECRETARY
(Title)

6-21-85
(Date)

OIL CONSERVATION DIVISION
JUN 26 1985
APPROVED _____, 19_____
BY _____ Original Signed By
Les A. Clements
TITLE _____ Supervisor District II

This form is to be filed in compliance with RULE 1102.
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.