

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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-104  
Revised 11-01-78  
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, MS. 39120

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 BILL G. ISLER, 123 THREE CROSS DRIVE, ROSWELL, N.M. 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>WORLEY FEDERAL</u>	Well No. <u>2</u>	Pool Name, including Formation <u>LESLIE SPRING, SA</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>NM43714</u>
Location				
Unit Letter <u>330</u> Feet From The <u>WEST</u> Line and <u>1650</u> Feet From The <u>South</u>				
Line of Section <u>25</u> Township <u>7S</u> Range <u>26E</u> , NMPM, <u>CHAVES</u> 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 REFINING CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P O DRAWER 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) <u>6-28-85</u>
If well produces oil or liquids, give location of tanks. <u>no tank battery</u>	Is gas actually connected? <u>Chg OP</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.

Twana McDonald  
(Signature)  
TWANA MCDONALD, SECRETARY  
(Title)  
6-21-85  
(Date)

OIL CONSERVATION DIVISION  
APPROVED JUN 26 1985, 19  
BY Les A. Clements  
Original Signed By  
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 filled for each pool in multiply completed wells.