NERGY AND MINERALS DEPAR	RTMENT					Form C-10		
						Revised 10 Format 06		
DISTRIBUTION	(		IVISIO	<b>N</b>	SECEIVED Page 1			
Pile	P. O. BOX 2					ELIVED		
U.S.O.A.		EW MEXICO	87501			*		
LAND OFFICE					MAY 11'88			
TRANSPORTER OIL		FOR ALLOWAE	ALLOWABLE			•		
PERATOR			110		•	S. A. L		
PROBATION OFFICE	AUTHO	RIZATION TO TRA	NSPORT OIL A		IRAL GAS 4	erren. D.		
•						COTA, OFFICE		
Operator								
Western Reserve	s 011 Company	v Inc.						
Address			**************************************					
P.O. Box 993	Midland, 7	rx 79702						
Reason(s) for filing (Check pro			10	ther (Pleas	e explaint			
New Well		in Transporter ol:	<b>–</b>					
777 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		·	Dry Gas					
Recompletion		=<				· · · ·		
XX Change in Ownership		ringhead Gas	Condensate					
. DESCRIPTION OF WEI	L AND LEASE		n				- <b></b>	
I. DESCRIPTION OF WEI Lease Name Western	L AND LEASE	. Pool Name, Includir	g Formation		Kind of Leo	30	Loose	
I. DESCRIPTION OF WEI Lease Name Western Holly "32" State	LL AND LEASE	. Pool Nome, Includin TOM-TOM (Sa	•			ral or Foo State	L51	
Lease Name Weatern. Holly "32" State	Well No 1	TOM-TOM (Sa	n Andres)		State, Fede	ralorFee State	_	
Lease Name Western. Holly "32" State	Well No 1		n Andres)	0	State, Fede	ralorFee State	_	
Lease Name Western Holly "32" State Location Unit Letter;	1650 Feet Fi	TOM-TOM (Sa	n Andres)		State, Fede	ral or Fee State	L-51	
Lease Name Western, Holly "32" State Location G	Well No 1	TOM-TOM (Sa	n Andres)		State, Fede	ralorFee State	_	
Lease Name Western Holly "32" State Location Unit Letter <u>G</u> ; Line of Section 32	1650 Township	TOM-TOM (Sa north 7S <sub>Range</sub>	n Andres) Line and 165 31E		State, Fede	ral or Fee State	L-51	
Lease Name Western Holly "32" State Location Unit Letter; Line of Section 32	1650 Township RANSPORTER OF	TOM-TOM (Sa north 7S <sub>Range</sub>	n Andres) Line and 165 31E RAL GAS	, NMPI	State, Fede	ral or Fee State	L-51	
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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. ŧ. .

(Signature)

10 Ben

President

5/3/88

(Date)

(Tule)