NERGY AND MINERALS DEPARTMEN	OIL CONSERVATION DIVISION			N	Form C-104 Revised 10-01- Format 06-01-8 Page 1	
FILE	P. O. BOX 2088 SANTA FE, NEW MEXICO 87501			RECEIVED		
TRANSPORTER OIL GAS OPERATOR	REQUEST FOR ALLOWABLE			MAY 11 '88		
PROBATION OFFICE	AUTHORI	ZATION TO TRANSI	PORT OIL AND NATU	IRAL GAS		
Operator Western Reserves Oi	1 Company	Inc.		4/	RISSIA, OFFICE	
Address	idland, TX			<u></u>		· · · · · · · · · · · · · · · · · · ·
Reason(s) for filing (Check proper box,			Other (Pleas	e explain)	······································	
New Well Recompletion	Change in Oil	Transporter of:	y Gas			
XX Change in Ownership	Casine	ahead Gas C	ondensate			
and address of previous owner	Western	Reserves 011	Company P.O	. Box 993 M	fidland, TX	79702
II. DESCRIPTION OF WELL AN	D LEASE	Pool Name, Including F	ormation	Kind of Lease		Lease N
I. DESCRIPTION OF WELL AN Lease NameWestern Reserves "34" Federal	D LEASE	. <u></u>	ormation			Lease N
I. DESCRIPTION OF WELL AN Lease NameWestern Reserves	D LEASE 5 Well No. 6	Pool Name, Including F	ormation an Andres)	Kind of Lease	•• Federal	Lease N
II. DESCRIPTION OF WELL AN Lease NameWestern Reserves "34" Federal Location Unit Letter	D LEASE 5 Well No. 6	Pool Name, Including F TOM-TOM (S	ormation an Andres)	Kind of Lease State, Federal or Fr Feet From The	•• Federal west	79702 Lease N 046153 Count
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been complied with and that the information given is true and complete to the best of my knowledge and belief.

:

	(Signature)	
President		
5/3/88	(Title)	

SIGNED BY JERRY SEXTON ORIGINAL BY. DISTRICT I SUPERVISOR

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 MULE 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.

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(Date)