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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator: Philly Oil Company
Address: P. O. Box 730 Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box):
New Well ☐ Change in Transporter of: ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain): Change of lease name from C. E. Penney Well #6 effective June 1, 1965

If change of ownership give name and address of previous owner: Texaco, Inc., P. O. Box 728, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE
Lease Name: West Hollerside Drilled Unit Well No.: 87 Pool Name, including Formation: Hollerside 1st-2nd Kind of Lease: Federal Lease No.: 062368
Location: Unit Letter I, 2323 Feet From The South Line and 660 Feet From The East Line of Section 5 Township 25S Range 30E, NMPM, Dea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent): P. O. Box 1810 Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent): P. O. Box 1098 El Paso, Texas 79909
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
HOLE SIZE
MENTING RECORD
DEPTH SET SACKS CEMENT
ILLEGIBLE

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
(ORIGINAL SIGNED) V. E. FLETCHER
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY [Signature]
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.