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(NO. OF COPIES RECEIVED		i and		
ļ	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104	
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	AS	
	LAND OFFICE	· · · · · · · · · · · · · · · · · · ·			
	TRANSPORTER OIL GAS				
	OPERATOR				
_	PRORATION OFFICE				
Å -	Operator				
	AVANCE OIL & GAS COMPANY, INC.				
	Address				
	626 VAUGIN BUILDING, MIDLAND, TEXAS 79701 (eason(s) for filing (Check proper bax) Other (Please explain)				
	TO SHOW TRANSPORTER OF CONDENSATE				
	Recompletion				
	Change in Ownership	Casinghead Gas Condens	sate 2		
	If change of ownership give name and address of previous owner				
	-				
11.	DESCRIPTION OF WELL AND I Lease Name	UEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
	STATE ETA	2 UNDESIGNATED	(VORRON) State, Federal	or Fee STATE E-704	
	Location				
	Unit Letter;) Feet From The <u>SCALL</u> Line	e and <u>660</u> Feet From Tr	e EAST	
	Line of Section 8 Tow	mship 16-S Range 3.	5-Е , ммрм,	County	
	Line of Section 8 Township 16-S Range 35-B , NMPM, County				
III.	DESIGNATION OF TRANSPORT	TED OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which approve		
	THE PERMIAN CORPORATION	N	P. O. BOX 3119, MIDIAN Address (Give address to which approve	TEXAS 79701	
	Name of Authorized Transporter of Cas	inghead Gas 📄 or Dry Gas 🕅			
	NORTHERN NATURAL GAS CO		2223 DODGE STREET, OMA		
	if well produces oil or liquids,	Unit Sec. Twp. Rge.		pro 27, 1970	
	give location of tanks.		1	27, 1570	
		h that from any other lease or pool, j	give commingling order number:		
ż۷.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n = (X) X	X (RE-ENTRY)	X	
	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 Depun Casing Shoe			Deput Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		<u></u>			
		· · · · · · · · · · · · · · · · · · ·			
			<u> </u> i		
v.	TEST DATA AND REQUEST FOI. ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)				
	OIL WELL	able for this de	Producing Method (Flow, pump, gas lift,	. etc.)	
	Date First New Oil Run To Tanks	Date of Test	Floducing Manida (1 tob), panp, and the		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				Gas • MCF	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	GdB-MCr	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Mathod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Vĭ.	I. CERTIFICATE OF COMPLIANCE			TPR 20MM979N	
	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.		APPROVED, 19		
			3Y A Alther		
	Simature)		This form is to be filed in compliance with RULE fact		
	1 x monum		If this is a request for allowable for a newly drilled or coopened		
			well, this form must be accompanied by a tabulation of the deviation tosts taken on the well in accordance with RULE 111.		
	Operator		All sections of this form must be filled out completely for allow-		
	(Title)		able on new and recompleted wells.		
	April 27, 1970 (Date) well		well name or number, or transport	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.	
	(Date)		well name of number, of the hepotter, of ether been most in multiply		

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.

N. C. S. M.

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