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U.S.G.S.		
LAND OFFICE		
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

Operator Daniel McG. Strong	
Address Box 664, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Application f/co-mingling of DK Abo and DK Drinkard zones	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carter 1-30	Well No. 1	Pool Name, Including Formation DK Drinkard - DK Abo	Kind of Lease State, Federal or Fee FEE	Lease No. 6241
Location				
Unit Letter C ; 1980 Feet From The West Line and 660 Feet From The North				
Line of Section 30 Township 20S Range 39E , NMPM, Lea 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"/> Permian Corp Permian (Eff. 9/1/61)	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 3000, Tulsa, Okla 74102					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 30	Twp. 20S	Rge. 39E	Is gas actually connected? Yes	When 1955

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-167

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
XXXXX Co-Mingled	XX			XX			Co-Mingling	
Date XXXXX 1/1/75	Date Compl. Ready to Prod. 1/1/75		Total Depth 7507		P.B.T.D. 7472			
Elevations (DF, RKB, RT, GR, etc.) 3568 DF	Name of Producing Formation DK Abo & DK Drinkard		Top Oil/Gas Pay 6986		Tubing Depth 6900			
Perforations Drinkard Abo 6986-7106 & 7300-7416					Depth Casing Shoe 7472			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		1650		450			
7 7/8"	5 1/2"		7507		400			
-	2 3/8" OD		6900					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Co-Mingled (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

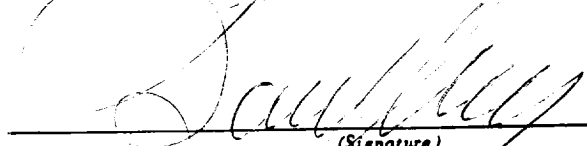
Date First New Oil Run To Tanks 1/1/75	Date of Test 1/1/75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 50#	Casing Pressure -0-	Choke Size -
Actual Prod. During Test DK Abo	Oil-Bbls. 8	Water-Bbls.) 1	Gas-MCF) 40 mcf
DK Drinkard 13			

GAS WELL

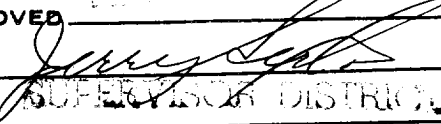
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)
(Title)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE SUPERVISOR DISTRICT 1

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.

OIL CONSERVATION DIV.

APR 20 '81

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