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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 deG. Strong	
Address Box 664, Midland, Texas	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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) Well has been on testing allowable of 2M bbls. Recovered 1653 bbls thru July, 1972.	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carter	Well No. 2	Pool Name, Including Formation DK Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter F : 1650 Feet From The North Line and 2310 Feet From The West				
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"/> Western Oil Trans Co.	Address (Give address to which approved copy of this form is to be sent) Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Corp	Address (Give address to which approved copy of this form is to be sent) Tulsa, Oklahoma
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

EFFECTIVE JANUARY 31, 1977,
SKELLY OIL COMPANY MERGED
INTO GULF OIL COMPANY.

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/17/71	Date Compl. Ready to Prod. 2/25/72	Total Depth 7450	P.B.T.D. 7378					
Elevations (DF, RKB, RT, GR, etc.) 3554.7 GR	Name of Producing Formation DK Drinkard	Top Oil/Gas Pay 6979	Tubing Depth 6900					
Perforations 6979-7066	Depth Casing Shoe 7450							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	1626	730, Circ					
7 7/8	4 1/2	7450	300					
	2 3/8 OD	6900						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

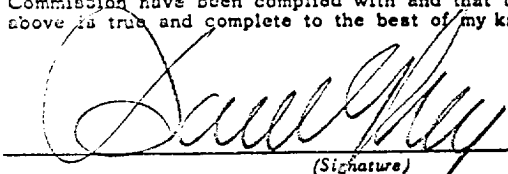
Date First New Oil Run To Tanks 2/25/72	Date of Test 7/28/72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 35#	Casing Pressure 35#	Choke Size 2"
Actual Prod. During Test	Oil - Bbls. 25bbls	Water - Bbls. 1	Gas - MCF 50

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

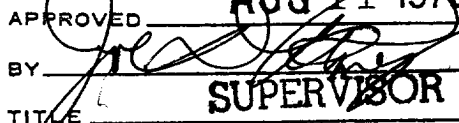
VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)

(Title)

OIL CONSERVATION COMMISSION

APPROVED  , 19
BY
TITLE SUPERVISOR DISTRICT I

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 allowables on new and recompleted wells.