

DISTRIBUTION			
SANTA FE			
FILE			
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 Hilliard Oil & Gas, Inc.	
Address 3000 N. Garfield - Suite 120, Midland, Texas 79705	
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) Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name McClellan Federal	Well No. 1	Pool Name, including Formation Wildcat (Strawn)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-19611
Location				
Unit Letter I	660	Feet From The East	Line and 2180	Feet From The South
Line of Section 27	Township 15S	Range 30E	NMPM,	Chaves 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"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 27
	Twp. 15S	Rge. 30E
	Is gas actually connected? No	
	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/28/82	Date Compl. Ready to Prod. 2/7/83	Total Depth 11,420		P.B.T.D. 10,767				
Elevations (DF, RKB, RT, GR, etc.) 4071' GL, 4088' KB	Name of Producing Formation Strawn	Top Oil/Gas Pay 10,628'		Tubing Depth 10,498'				
Perforations 10,628-636'					Depth Casing Shoe 10,815			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		499		525 sx CI C			
11"	8-5/8"		3300		1860 sx Lite, 300 sx CI H			
7-7/8"	5-1/2"		10,815		495 sx CI H			
7-7/8"	2-3/8"		10,498		---			

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)

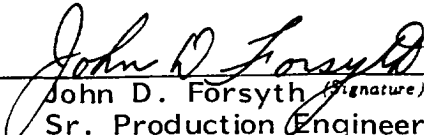
Date First New Oil Run To Tanks 2/6/83	Date of Test 2/6/83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 500	Casing Pressure Pkr	Choke Size 16/64"
Actual Prod. During Test 225	Oil-Bbls. 225	Water-Bbls. 0	Gas-MCF 480

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.


John D. Forsyth (Signature)
Sr. Production Engineer
(Title)
February 23, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 1 1983**, 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT 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 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.

RECEIVED

FEB 28 1983

F.D.
HOBBS OFFICE