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	DISTRIBUTION			Ī	7			
	SANTA FE				٦			
	FILE				7			
	U.S.G.S.				7			
	LAND OFFICE				-			
	IRANSPORTER	OIL			7			
		GAS			7			
	OPERATOR			Г	7			
	PRORATION OFFICE				7			
	Operator							
	HILLIARD OIL & GAS, IN							
	Address							
	906 Building of the Sc							
	Reason(s) for filing (Check proper box)							
	New Well							

5-22-75

(Date)

	SANTA FE	1	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11i				
	FILE			Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL O	SAS				
	LAND OFFICE OIL	4						
	TRANSPORTER GAS	4						
	OPERATOR	1						
1.	PRORATION OFFICE	1	·					
	Operator							
	HILLIARD OIL & GAS, INC.							
	906 Building of the Southwest, Midland, Texas 79701							
	Reason(s) for filing (Check proper box,		Other (Please explain)					
	New Well	Change in Transporter of:						
	Recompletion	Oil Dry Ga	ıs 🔲					
.: :	Change in Ownership X	Casinghead Gas Conden	nsate					
	If change of ownership give name	ASHMUN & HILLIARD, 906	Bldg. of the SW, Midlan	d Texas 79701				
	and address of previous owner	2	()	10000				
II.	DESCRIPTION OF WELL AND	LEASE K- 14-1 Jaguara	amation Rind of Lease	onn (Port Midesignett)				
	Lease Name			_				
	STATE ''8''	4 Townsend Wolfd	camp State, Federa	or Foo State E-704				
		Feet From The North Line	se and 660 Feet From 1	n. Fast				
	Unit Letter : 2310	reet from the Motern Line	reet rom	ne cast				
	Line of Section 8 Tow	waship 16-S Range	35-Е , _{NMPM} , Lea	County				
ш.	Name of Authorized Transporter of Oil	rer of oil and natural ga	Address (Give address to which approx	ed copy of this form is to be sent)				
	Amoco Pipeline Co.		Lovington, New Mexico					
	Name of Authorized Transporter of Cas	singhead Gas 💢 or Dry Gas 🗔	Address (Give address to which approved copy of this form is to be sent)					
	Warren Petroleum Corp.		Box 1589, Tulsa, Okla.	74102				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en.				
		G 3 16-S 35-E						
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:					
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.				
	Designate Type of Completio	Date Compl. Ready to Prod.	1	1				
	Date Spudded	Date Compl. Heady 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				
		TUDING CASING AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
			!					
	TEST DATA AND DECUEST E	D ATTOWARTE (Total months of		and must be equal to as around too allow.				
	TEST DATA AND REQUEST FOOL WELL	able for this de	pth or be for full 24 hours)	and must be equal to or exceed top allow-				
ļ	Date First New Oil Run To Tanks	Date of Teet	Producing Method (Flow, pump, gas lif	t, etc.)				
				Choke Size				
	Length of Test	Tubing Pressure	Casing Pressure	Chore Size				
	Actual Prod. During Teet	Oil-Bble.	Water - Bbls.	Gas-MCF				
1	Actual Prod. Teet-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate				
	Actual Prod. 1001-MCF/D	Length of Teet	BBID. CONTROL MANGE	Gravity or concentrate				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION					
	Ų							
	I hereby certify that the rules and re	egulations of the Oil Conserved on the information gives	BY					
	Commission have been complied with and that the information gives bove is true and complete to the best of my knowledge and help in the complete to the best of my knowledge and help in the complete to the best of my knowledge and help in the complete to the best of my knowledge and help in the complete to the best of my knowledge and help in the complete to the best of my knowledge and help in the complete to the best of my knowledge and help in the complete to the best of my knowledge and help in the complete to the best of my knowledge.		BY	The state of the s				
			I' TITLE					
			This form is to be filed in compliance with RULE 1104.					
	What KO Janus		of this is a request for allowable for a newly drilled or deepened					
	(Signature)		well, this form must be accompanted the taken on the well in accompanies.	ried by a tabulation of the deviation				
	Manager of Operations			st be filled out completely for allow-				

able 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.