

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

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
HILLIARD OIL & GAS, INC.
Address
906 Building of the Southwest, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
SANTA FE COUNTY, TEXAS
FILED 11/11/74
TOLSON BY PRODUCTION TO R-4970
IS OBTAINED

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: McElvain-Federal
Well No.: 1
Pool Name, including Formation: EK- Bone Springs R-4957
Kind of Lease: Undesignated
State, Federal or Fee: Federal
Lease No.: NM 0245247
Location
Unit Letter: J; 1980 Feet From The East Line and 1980 Feet From The South
Line of Section: 30 Township: 18-S Range: 34-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corporation
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None
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: J Sec.: 30 Twp.: 18-S Rge.: 34-E
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 6-1-74	Date Compl. Ready to Prod. 10-27-74		Total Depth 14075		P.B.T.D. 9570			
Elevations (DF, RKB, RT, GR, etc.) GR 3903' RKB 3921'	Name of Producing Formation Bone Spring Sand		Top Oil/Gas Pay 9485'		Tubing Depth 9515'			
Perforations 9498-9512' & 9518-9524'					Depth Casing Shoe 9649'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		355'		370 sx Class "C"			
11"	8-5/8"		5115'		300 sx Lite, 200 sc "C"			
7-7/8"	4-1/2"		as liner 9649'		500 sx "H" 50-50 Poz			
	2-3/8"		9515'					

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)

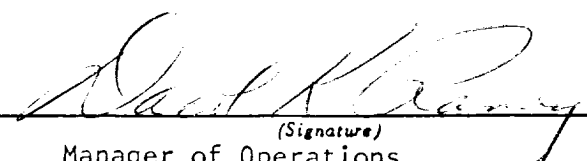
Date First New Oil Run To Tanks 10-27-74	Date of Test 11-11-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 30#	Casing Pressure 400#	Choke Size Open
Actual Prod. During Test	Oil - Bbls. 132	Water - Bbls. 9	Gas - MCF 54.7

GAS WELL

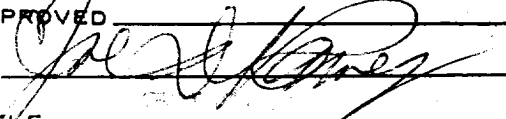
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)
Manager of Operations
(Title)
November 12, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
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.