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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

I.

Operator HILLIARD OIL & GAS, INC.	
Address 1190 Midland National Bank Tower, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Completion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Other (Please explain) <b>CASINGHEAD GAS MUST NOT BE FILED AFTER 6/1/76 UNLESS IN EXCEPTION TO R-4078 IS OBTAINED.</b>
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name McElvain-Federal	Well No. 2	Pool Name, including Formation E K Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0245247
Location				
Unit Letter B	660	Feet From The North	Line and 1980	Feet From The East
Line of Section 31	Township 18-S	Range 34-E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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) The Permian Corporation P. O. Box 1183, Houston, Texas 77001					
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) None					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 31	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 Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 12/11/75	Date Compl. Ready to Prod. 4/1/76		Total Depth 10,500		P.B.T.D. 10,455			
Elevations (DF, RKB, RT, GR, etc.) GR 3877, RKB 3894'	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 10,379		Tubing Depth 10,425			
Perforations 10,379'-81', 10,384-88', 10,391-10,401', 10,409-16'					Depth Casing Shoe 10,500			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		349'		375 SX			
11"	8-5/8"		3182		250 SX			
7-7/8"	4-1/2"		10500		1325 SX			

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)

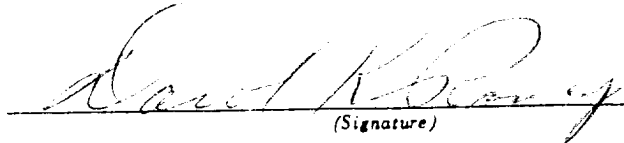
Date First New Oil Run To Tanks 2/12/76	Date of Test 4/10/76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 20#	Casing Pressure 200#	Choke Size Open
Actual Prod. During Test	Oil-Bbls. 45	Water-Bbls. 0	Gas-MCF 20.5

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

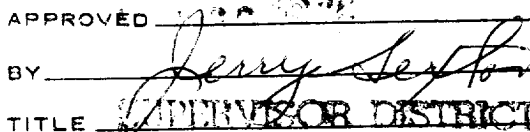
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)

Vice President - Drilg & Prod  
(Title)

4/15/76  
(Date)

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 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.