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ELKINS DA Form 4	AVID G										
May 02, 200)6										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	UNITED	STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check th									Expires:	January 31,	
if no longer subject to Section 16. STATEMENT OF CHAI				NGES IN BENEFICIAL OWNER SECURITIES				NERSHIP OF	Estimated a	2005 Werage	
									burden hou	0	
Form 4 or									response	0.5	
Form 5 obligatio							•	e Act of 1934,			
may con	tinue. Section 17			•	•	-	•	f 1935 or Section	n		
See Instr	ruction	50(II)	of the fil	ivestment	Compar	IY AC	21 01 194	FU			
1(b).											
(Print or Type	Responses)										
1. Name and Address of Reporting Person _ 2. Issuer Name and Ticker or Trading 5. Relationship of						Reporting Person(s) to					
								Issuer			
				ON EXPLORATION CO				(Check all applicable)			
			[THX]					(ener	n un uppneuere	,	
(Last)	(First)	(Middle)	3. Date o	f Earliest Tı	ransaction			XDirector		Owner	
				onth/Day/Year)				Officer (give title Other (specify below) below)			
3406 I KEA	SURE CIRCLE		04/28/2	006							
(Street) 4. If A			4. If Ame	f Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mo	nth/Day/Year	r)			Applicable Line) _X_ Form filed by 0	Dan Domontina Do	#20.P	
GALVEST	ON, TX 77554								fore than One Re		
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secu	rities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat			3. 4. Securities Acquired Transaction(A) or Disposed of (D)				Securities	6. Ownership		
Security (Instr. 3)	(Month/Day/Year)	Execution any	n Date, if						Form: Direct 1 (D) or 1	Indirect Beneficial	
(1180.5)		Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Owned	· · · ·	Ownership		
		``	, ,					Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or		(Instr. 3 and 4)			
common				Code V	Amount	(D)	Price	,			
common stock							\$				
(\$0.01 par	04/28/2006			А	1,788	А	φ 55.92	12,788	D		
value) $\frac{(1)}{(1)}$											

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	(Instr. 8) Derivative		Secur	ities	(Instr. 5)	Bene	
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	cisable Date		of		
				Code V	(A) (D)				Shares		
					(\mathbf{D})				Siluitos		

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Reporting Owners

Reporting Owner Name / Address		Relationsh						
	Director	10% Owner	Officer	Other				
ELKINS DAVID G 3406 TREASURE CIRCLE GALVESTON, TX 77554	Х							
Signatures								
Karol L. Adams, by Power of A Elkins		05/02/2006						

**Signature of Reporting Person

Date

Explanation of Responses:

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Common shares were granted pursuant to the Company's Amended and Restated 2004 Long-Term Incentive Plan and are restricted from (1) sale or transfer until fully vested. Shares fully vest and restrictions are terminated at the earlier of retirement from the Houston Exploration's Board of Directors or at the end of three years from the grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.