

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION CO. MISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
APR 07 1983

O. C. D.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

Operator CARL A. SCHELLINGER ✓	
Address P.O. Box 447, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter oil <input type="checkbox"/>
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)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE R-7307 6/14/83

Lease Name Campbell Station Unit	Well No. 1	Pool Name, Including Formation Undesignated-Penn GAS	Kind of Lease State, Federal or Fee	State State	Lease No. L-5347
Location					
Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West					
Line of Section 34 Township 8 South Range 27 East, NMPM, Chaves County					

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeline Company	P.O. Box 2521, Houston, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	Yes	4/4/83

If this production is commingled with that from any other lease or pool, give commingling order number:

VI. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 5/10/81	Date Compl. Ready to Prod. 8/18/81	Total Depth 6800'	P.B.T.D. 6535'					
Elevations (DF, RKB, RT, GR, etc.) 3871 GR, 3882 KB	Name of Producing Formation Penn	Top Oil/Gas Pay 6373'	Tubing Depth 6303'					
Perforations 6373-6388	Depth Casing Shoe -							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	345	365					
12 3/4"	8 5/8"	2172	1000					
7 7/8"	5 1/2"	6793	530					
	2 3/8"	6303	Packer					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

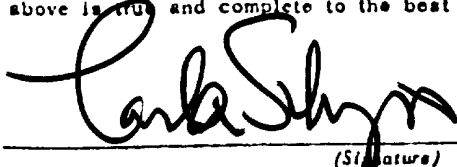
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 370	Length of Test 24 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate N/A
Testing Method (pitot, back pr.) back pr.	Tubing Pressure (Shut-in) 1975	Casing Pressure (Shut-in) -	Choke Size 1/4"

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)

Operator

(Title)

April 4, 1983

(Date)

OIL CONSERVATION COMMISSION
APR 20 1983

APPROVED _____, 19 _____

Original Signed By

BY _____ Leslie A. Clements

Supervisor District II

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.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED

APR 15 1983

O. C. D.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE April 13, 1983

NOTE: As requested by the NMOCD, the original 4-6-83 "notice of connection" is being re-filed as two since this is a dually completed well.

This is to notify the Oil Conservation Division that connection for the
purchase of gas from the Carl A. Schellinger ✓

Operator

Campbell Station Unit

Lease

Well #1 - Unit Letter "M"

Well Unit:

34-8S-27E, Chaves County

S.T.R.

u/c Undesignated (Penn.)

Pool

Transwestern
Name of purchaser

was made on April 4, 1983

Transwestern Pipeline Company
Company

H. N. Aicklen
Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe