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NEW MEXICO OIL CONSERVATION COMMISSION

30-005-62015

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DEC 08 1983

O. C. D.

ARTESIA OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease

State ☒

Fee ☐

5. State Oil & Gas Lease No.

-5347

SUNDARY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-OPEN OR RE-LOG BACK TO A DISCONTINUED WELL OR FOR PROPOSALS TO RE-OPEN OR RE-LOG BACK TO A DISCONTINUED WELL OR FOR PROPOSALS TO RE-OPEN OR RE-LOG BACK TO A DISCONTINUED WELL)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER-

2. Name of Operator
CARL A. SCHELLINGER ✓

3. Address of Operator
P.O. BOX 447, ROSWELL, NEW MEXICO 88201

4. Location of Well
UNIT LETTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 8S RANGE 27E NMPM.

7. Unit Agreement Name

Campbell Station Unit

8. Farm or Lease Name

Campbell Station Unit

9. Well No.

3

10. Field and Pool, or Wildcat

Wildcat Fusselman

15. Elevation (Show whether DF, RT, GR, etc.)

3862 GR

12. County

Chaves

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☒

OTHER ☒

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

OTHER ☒

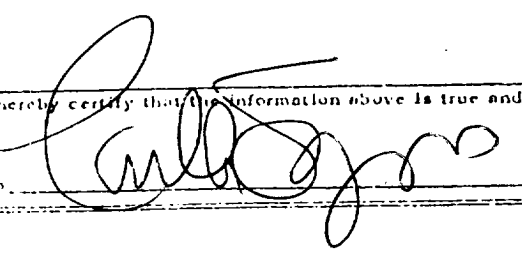
7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

7/22/83 Perforated 6616-6624, 6628-6632, 6638-6640 w/1SPF, Acidized 2000 gal Mud 202 with 1000 SFFN₂ per bbl. Swabbed and flowed load with show of gas.

8/23/83 Set BP @ 6600', Perforated 6569-6579, 6552-6586 w/2 SPF; Acidized 1000 gal MSA. Swabbed dry with sli show of gas.

8/31/83 Set BP @ 5500', Perforated 5148-5160, 13 holes; 5191-5195, 3 holes; Acidized 2000 gal 15% Nefe, Swabbed Acid water with show of gas. Frac 990 bbls gelled H₂O; 40,000# 20-40 sand

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED 

TITLE Operator

DATE 12/6/83

Original Signed By

Leslie A. Clements

Supervisor District II

APPROVED BY

TITLE

DATE DEC 19 1983

CONDITIONS OF APPROVAL, IF ANY: