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TRANSPORTER	OIL		
	GAS	<input checked="" type="checkbox"/>	
OPERATOR		<input checked="" type="checkbox"/>	
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-1
 Effective 1-1-65

30-005-62015

RECEIVED BY
 MAR 01 1984
 O. C. D.
 ARTESIA, OFFICE

Operator CARL A. SCHELLINGER
 Address P. O. Box 447, Roswell, NM 88201

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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE R-7708 10/25/84

Lease Name <u>Campbell Station Unit</u>	Well No. <u>3</u>	Pool Name, Incubator Formation <u>Pecos Slope</u> <u>Undersignated Abo</u>	Kind of Lease State, Federal or Fee	State	Lease No. <u>L-5347</u>
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>					
Line of Section <u>33</u> Township <u>8 South</u> Range <u>27 East</u> , NMPM, <u>Chaves</u> County					

III. 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)				
<u>Transwestern Pipeline Company</u>	<u>P. O. Box 2521, Houston, Texas 77001</u>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
					<u>Yes</u> <u>2/24/84</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>	<u>X</u>					
Date Spudded <u>7/8/83</u>	Date Compl. Ready to Prod. <u>11/1/83</u>	Total Depth <u>6700</u>	P.B.T.D. <u>5500</u>					
Elevations (DF, RKB, RT, CR, etc.) <u>3862GR, 3884KB</u>	Name of Producing Formation <u>ABO</u>	Top Oil/Gas Pay <u>5148</u>	Tubing Depth <u>5210</u>					
Perforations <u>13 holes 5148-60, 3 holes 5191-95</u>							Depth Casing Shoe <u>-</u>	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
<u>12"</u>	<u>8 5/8"</u>	<u>1400'</u>			<u>700 sx circulated</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>6700'</u>			<u>520 sx</u>			
	<u>2 3/8"</u>	<u>5210'</u>						

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	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 <u>590 MCFD</u>	Length of Test <u>1 hr.</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>-</u>
Testing Method (pilot, back pr.) <u>back pr.</u>	Tubing Pressure (Shut-in) <u>956</u>	Casing Pressure (Shut-in) <u>956</u>	Choke Size <u>20/64</u>

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.

Carl Schellinger
 (Signature)

Operator

(Title)

February 24, 1984

(Date)

OIL CONSERVATION COMMISSION

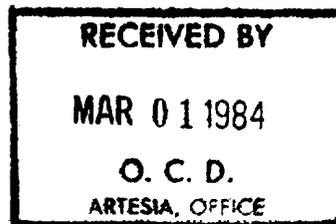
APPROVED MAR 05 1984, 19____
 Original Signed By
 BY Leslie A. Clements
 Supervisor District II
 TITLE _____

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



NOTICE OF GAS CONNECTION

DATE February 28, 1984

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

^H
#3 - Unit Letter ~~Unknown~~
Well Unit

33-8S-27E, Chaves County
S.T.R.

Undesignated (A/C)
Pool

Transwestern
Name of Purchaser

was made on February 24, 1984

Transwestern Pipeline Company
Company

Rodney C. Burke Rodney C. Burke
Representative

Jr. Analyst, Contract Administration
Title

cc: Operator
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87501