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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRODUCTION 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-11
Effective 1-1-65

RECEIVED

DEC 28 1977

Operator
Carl A. Schellinger
Address
P. O. Box 447, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)
New Well ☒ ReEntry
Recompletion ☐
Change in Ownership ☐
Change in Transporter of:
Oil ☐
Casinghead Gas ☐
Dry Gas ☐
Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mahun State	Well No. 1	Pool Name, including Formation Rocky Arroyo-Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. L-185
Location Unit Letter <u>F</u> ; <u>1800</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>22-S</u> Range <u>22-E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 16	Twp. 22-S	Range 22-E
Is gas actually connected? <u>To be connected</u>		When <u>27</u> <u>12-28-77</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.
		X		X				
Date Spudded 7-6-77	Date Compl. Ready to Prod. 9-26-77		Total Depth 7610		P.B.T.D. 6695			
Elevations (DF, RKB, RT, GR, etc.) 4357DF, 4347GL	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 6453		Tubing Depth 6301			
Perforations 6453-6458, 6476-6481, 6505-6508, 6510-6514					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		196.99		250sx.-Circ.			
12 1/4	8 5/8		1799.09		1120sx.-Circ.			
7 7/8	4 1/2		6695		450sx			

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 714	Length of Test 1 hr.	Bbls. Condensate/MMCF Dry Gas	Gravity of Condensate
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 1692	Casing Pressure (Shut-in) Packer	Choke Size 1/4

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.

Operator
Carl A. Schellinger
12-23-77

OIL CONSERVATION COMMISSION

APPROVED
BY
TITLE SUPERVISOR DISTRICT II

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.