Submit 3 Copies to Appropriate Dist. Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

This form is not to be used for reporting packer leakage tests in Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

30-005-60925

Operator	CARL SCHELLINGER	Lease	CAMBELL STA. Unit	Well No.	1
Location of Well: Unit	M	Sec. 34	Twp 8	Rge 27	County CHAVES

	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size
Upper Compl	ABO	GAS	FLOW	TBG.	
Lower Compl	PENN.	GAS	FLOW	CSG.	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:30 10-8-05

	Upper Completion	Lower Completion
Well opened at (hour, date): 10:45 10-8-05		
Indicate by (X) the zone producing	X	
Pressure at beginning of test	130	237
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	130	282
Minimum pressure during test	119	237
Pressure at conclusion of test	119	282
Pressure change during test (Maximum minus Minimum)	11	45
Was pressure change an increase or a decrease?	DECREASE	INCREASE

RECEIVED
2005
OCD-ARTESIA

Well closed at (hour, date): 10:30 10-9-05 Total Time On Production 23 3/4 hrs

Oil Production During Test: 0 bbls; Grav. 0 Gas Production During Test 20 MCF/day MCF; GOR

Remarks

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): 11:30 10-9-05		
Indicate by (X) the zone producing		X
Pressure at beginning of test	130	285
Stabilized? (Yes or No):	YES	YES
Maximum pressure during test	183	285
Minimum pressure during test	130	137
Pressure at conclusion of test	183	137
Pressure change during test (Maximum minus Minimum)	53	148
Was pressure change an increase or a decrease?	INCREASE	DECREASE

Well closed at (hour, date) 10:15 10-10-05 Total time on Production 23 3/4

Oil production During Test: 0 bbls; Grav. 0 ; Gas Production During Test 86 MCF; GOR

Remarks

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

CARL A. SCHELLINGER
Operator

Signature

JEFF DECK MEASUREMENT Tech.
Printed Name Title

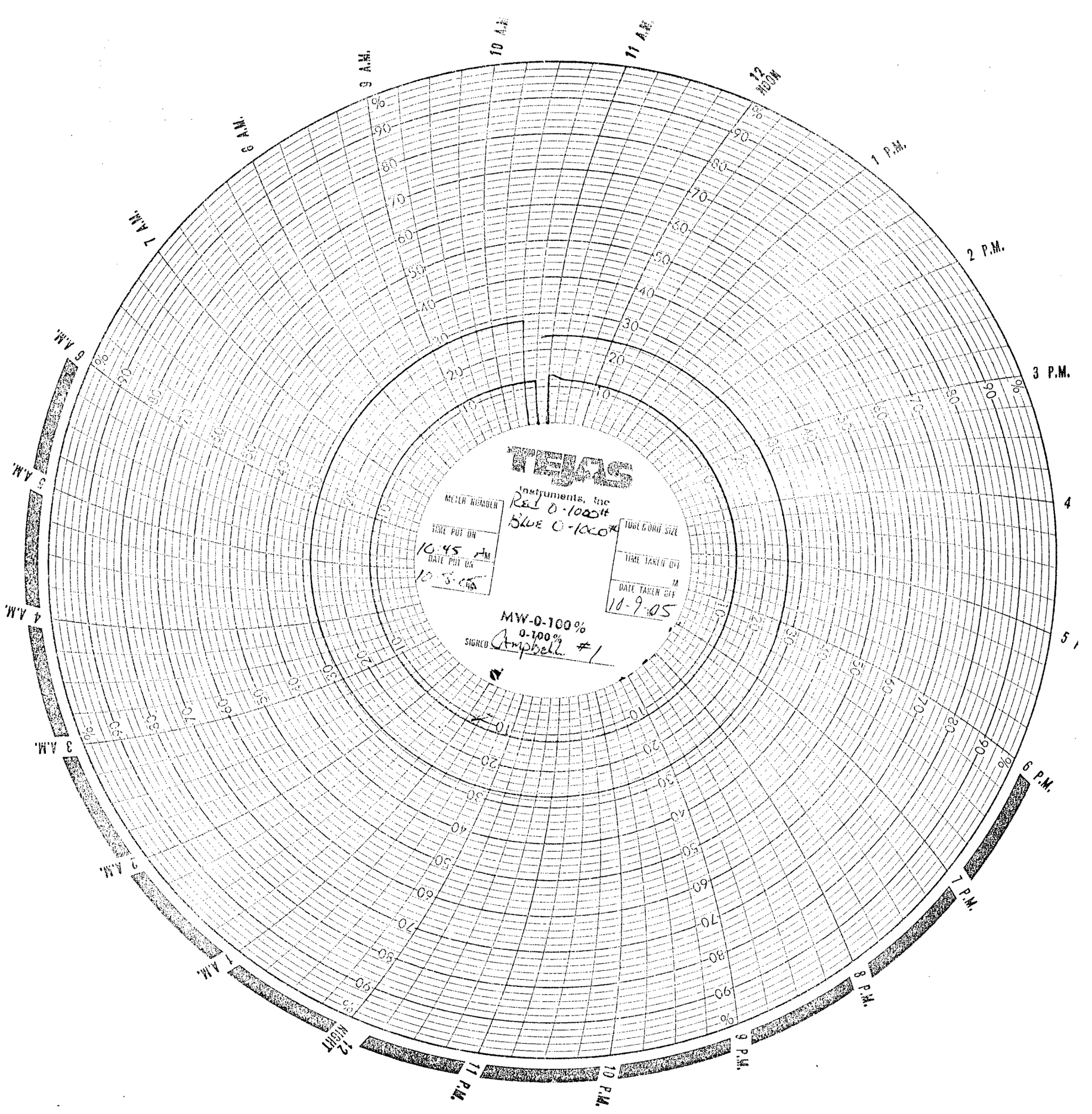
10-10-05 505-622-9874
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 07 2005

By

Title Field Supervisor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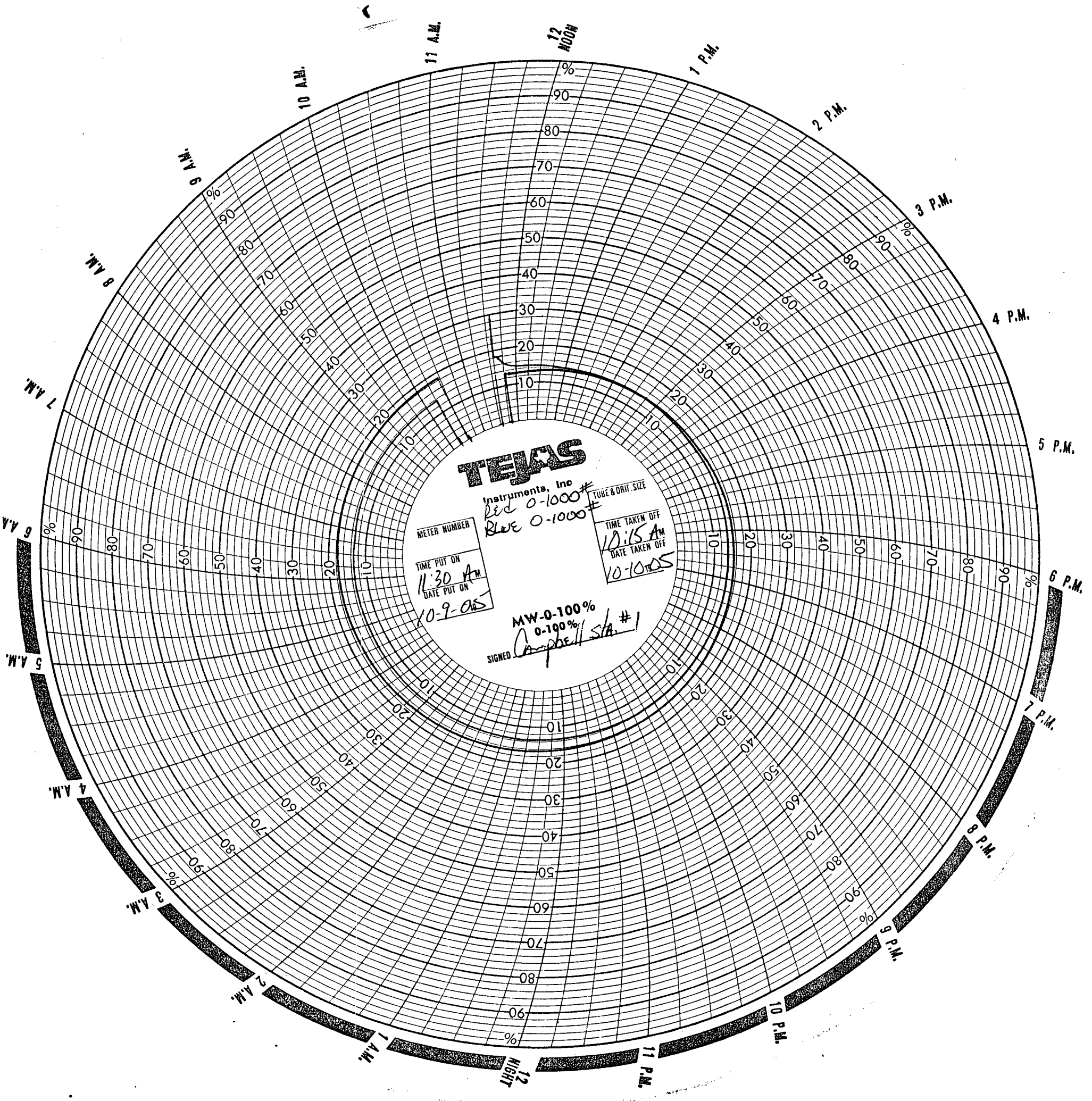
Instruments, Inc
METER NUMBER
Red 0-100%
Blue 0-100%
TUBE & ORIF SIZE
TIME PUT ON
10:45 AM
DATE PUT ON
10-5-05
TIME TAKEN OFF
M
DATE TAKEN OFF
10-9-05
MW-0-100%
0-100%
SIGNED Campbell #1
12 NOON
1 P.M.
2 P.M.
3 P.M.
4
5
6 P.M.
7 P.M.
8 P.M.
9 P.M.
10 P.M.
11 P.M.
12 MIDNIGHT
1 A.M.
2 A.M.
3 A.M.
4 A.M.
5 A.M.
6 A.M.
7 A.M.
8 A.M.
9 A.M.
10 A.M.
11 A.M.


TEJAS
Instruments, Inc
TUBE & ORIF. SIZE
Red 0-1000#
BLUE 0-1000#
METER NUMBER
TIME PUT ON
11:30 AM
DATE PUT ON
10-9-05
TIME TAKEN OFF
10:15 AM
DATE TAKEN OFF
10-10-05
MW-0-100%
0-100%
SIGNED Campbell S/A #1
12 NOON
1 P.M.
2 P.M.
3 P.M.
4 P.M.
5 P.M.
6 P.M.
7 P.M.
8 P.M.
9 P.M.
10 P.M.
11 P.M.
12 MIGHT
1 A.M.
2 A.M.
3 A.M.
4 A.M.
5 A.M.
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7 A.M.
8 A.M.
9 A.M.
10 A.M.
11 A.M.