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NEW MEXICO OIL CONSERVATION COMMISSION

30-005-61715

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.	L-5347

SUNDY NOTICES AND REPORTS ON WELLS RECEIVED
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - 1 (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER- **AUG 13 1982**

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 **M** **660** FEET FROM THE **South** LINE AND **560** FEET FROM THE **West** LINE, SECTION **34** TOWNSHIP **8 South** RANGE **27 East** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.) **3865 GR**

7. Unit Agreement Name	Campbell Station Unit
8. Farm or Lease Name	Campbell Station Unit
9. Well No.	2
10. Field and Pool, or Wildcat	Wildcat-San Andres
12. County	Chaves

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER ☐	PLUG AND ABANDON ☐ CHANGE PLANS ☐ REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☒ CASING TEST AND CEMENT JOB ☒ OTHER ☐

17. 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.

July 21, 1982: Moved in Hammond Drilling Co., Cable Tool Rig. Spud @ 3:30 P.M.

August 5, 1982: Ran 24# 8 5/8" casing, set at 345', cemented with 200 sacks Class C Cement, 2% CaCl, 1/4# Flocele, Circulated 25 sacks. Plug down 9:45 P.M. WOC 18 hrs, Pressured tested to 700 psi for 1 hr. held ok. Prep to drill.

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

SIGNED Carl A. Schellinger TITLE Operator DATE August 11, 1982

APPROVED BY Leslie A. Clement TITLE SUPERVISOR, DISTRICT II DATE AUG 12 1982

CONDITIONS OF APPROVAL, IF ANY: