

OIL CONSERVATION COMMISSION

P. O. BOX 871  
SANTA FE, NEW MEXICO

EP

DATE 8-5-63

Re: Operator EPNG

Lease Rincon Unit

Well # 181 Unit Letter G S 22 T 27

R 7 Pool Basin Dakota

☐ CURTAILMENT NOTICE

Re: Shut-In Notice No. \_\_\_\_\_ Dated \_\_\_\_\_

The production for the above well for the month of \_\_\_\_\_ as reflected by \_\_\_\_\_ shows the curtailment volume to be \_\_\_\_\_ MCF as of the end of \_\_\_\_\_. Since your \_\_\_\_\_ allowable is in excess of the curtailment volume, you are hereby authorized to produce \_\_\_\_\_ MCF during the month of \_\_\_\_\_, but in no event shall the well's production exceed that amount.

☒ CANCELLATION OF SHUT-IN NOTICE

No. SP-4099 Dated 7-3-63

The production for the above well for the month of June as reflected by C-114's shows that the ~~curtailment~~ volume shown on the Shut-In Notice has been made up. 6 times o/p

You are hereby authorized to resume production of the above referenced well.



OIL CONSERVATION COMMISSION

ORIGINAL SIGNED

BY BY FRED MARES  
GAS PRORATION SECTION

**NEW MEXICO**  
**OIL CONSERVATION COMMISSION**  
P. O. BOX 871  
**SANTA FE, NEW MEXICO**

GAS SUPPLEMENT NO. (NW) (SW) 12-22-22 12-4099 DATE \_\_\_\_\_

**NOTICE OF WELL CONNECTION OR AUTHORITY TO ASSIGN ALLOWABLE**  
**ALL VOLUMES EXPRESSED IN MCF**

The operator of the following well has complied with all the requirements of the Oil Conservation Commission and may be assigned an allowable as shown below.

Date of Connection _____		Date of First Allowable or Allowable Change _____	
Purchaser _____		Pool _____	
Operator _____		Lease _____	
Well No. _____	Unit Letter _____	Sec. _____	Twp. _____ Rnge. _____
Dedicated Acreage _____		Revised Acreage _____	Difference _____
Acreage Factor _____		Revised Acreage Factor _____	Difference _____
Deliverability _____		Revised Deliverability _____	Difference _____
A x D Factor _____		Revised A x D Factor _____	Difference _____

\_\_\_\_\_  
SUPERVISOR, DISTRICT

**RECALCULATION OF SUPPLEMENTAL ALLOWABLE**

MONTH	% OF MO.	ALLOWABLE DIFFERENCE	MONTH	% OF MO.	ALLOWABLE DIFFERENCE
JANUARY			JULY		
FEBRUARY			AUGUST		
MARCH			SEPTEMBER		
APRIL			OCTOBER		
MAY			NOVEMBER		
JUNE			DECEMBER		

TOTAL AMOUNT OF (Cancelled or Additional) ALLOWABLE \_\_\_\_\_

PREVIOUS \_\_\_\_\_ MONTH NET ALLOW. \_\_\_\_\_ REVISED \_\_\_\_\_ MONTH NET ALLOW. \_\_\_\_\_

PREVIOUS \_\_\_\_\_ MONTH CURRENT ALLOW. \_\_\_\_\_ REVISED \_\_\_\_\_ MONTH CURRENT ALLOW. \_\_\_\_\_

EFFECTIVE IN THE \_\_\_\_\_ MONTH PRORATION SCHEDULE.

REMARKS: \_\_\_\_\_

**NOTICE OF SHUT-IN**

The following described well has been Shut-in for Failure of Compliance:

Purchaser _____	Pool _____	Date _____
Operator <u>EPMS</u>	Lease <u>Smith Dakota</u>	
Well No. <u>E1 Pass Natural Gas Co.</u>	Sec. <u>Rincon Unit</u>	Twp. <u>22</u> Rnge. <u>27</u>
Effective date of Shut-in <u>7-3-63</u>	Reason for Shut-In <u>6 times overproduced</u>	

**This well will remain shut-in until further notice by the Commission.**

A. L. PORTER, Jr., Director

By \_\_\_\_\_

100

100

3

4.2

1

100

1000

17. *By* \_\_\_\_\_

100

1.2.1

1011