

**NEW MEXICO
OIL CONSERVATION COMMISSION**

P. O. BOX 871

SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) (~~1551~~) **SF 1202** DATE **3-15-60**

**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 **3-1-60**
Purchaser **EPMB** Pool **BALLARD P.C.**
Operator **EPMB** Lease **BALLARD-15**
Well No. **2** Unit Letter **H** Sec. **15** Twp. **26** Rnge. **9**
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 _____

**UNDERAGE TRANSFER
IN TO NM**

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		

ADDITIONAL

TOTAL AMOUNT OF (~~REVENUE~~ ~~REVENUE~~) ALLOWABLE **21** **21,399**

PREVIOUS **FEB.** MONTH NET ALLOW. **20945 CR.** REVISED **FEB.** MONTH NET ALLOW. **454**

PREVIOUS **MAR.** MONTH CURRENT ALLOW. **6322** REVISED **MAR.** MONTH CURRENT ALLOW. **NO CHANGE**

EFFECTIVE IN THE **APRIL** MONTH PRORATION SCHEDULE.

REMARKS: _____

NOTICE OF SHUT-IN

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

Purchaser _____ Pool _____ Date _____
Operator _____ Lease _____
Well No. _____ Unit Letter _____ Sec. _____ Twp. _____ Rnge. _____
Effective date of Shut-in _____ Reason for Shut-In _____

A. L. PORTER, Jr., Director

By _____

