

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

GAS SUPPLEMENT NO. (NW) (~~XX~~) **8F-6010** DATE **5-13-64**

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 ~~REVISION~~ or Allowable Change **5-1-64**
Purchaser **EPNG** Pool **BALLARD P.C.**
Operator **ROCK ISLAND OIL CO.** Lease **GREEN STATE**
Well No. **1** Unit Letter **H** Sec. **14** 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 _____

Let's C-115's

ORIGINAL SIGNED

BY **FRED MARES**

RECALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	% OF MO.	ALLOWABLE DIFFERENCE	MONTH	% OF MO.	ALLOWABLE DIFFERENCE
JANUARY			JULY		
FEBRUARY			AUGUST		
MARCH			SEPTEMBER		
APRIL			OCTOBER		
MAY	.3226	-3502	NOVEMBER		
JUNE			DECEMBER		

TOTAL AMOUNT OF (Cancelled or ~~Additional~~) ALLOWABLE **-3502**

PREVIOUS **APRIL** MONTH NET ALLOW. **8155 CR.** REVISED **APRIL** MONTH NET ALLOW. **No change**

PREVIOUS **MAY** MONTH CURRENT ALLOW. **10854** REVISED **MAY** MONTH CURRENT ALLOW. **7352**

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

REMARKS: **Received 5-11-64.**

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 _____



