

NEW MEXICO OIL CONSERVATION COMMISSION

P. O. BOX 871
SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) ~~NE~~ **SE - 5051** DATE **4/17/64**

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 First Allowable or Allowable Change **2/1/64**
Purchaser **SWPC** Pool **Ballard PC**
Operator **SWPC** Lease **Marfanite Unit**
Well No. **62** Unit Letter **D** Sec. **11** Twp. **26** Rnge. **9**
Dedicated Acreage _____ Revised Acreage _____ Difference _____
Acreage Factor **1.00** Revised Acreage Factor _____ Difference _____
Deliverability **26** Revised Deliverability _____ Difference _____
A x D Factor **26** Revised A x D Factor _____ Difference _____

**Reclassified Non-Marginal
to Minimum Allowable TN**

SUPERVISOR, DISTRICT _____

RECALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	% OF MO.	ALLOWABLE DIFFERENCE	MONTH	% OF MO.	ALLOWABLE DIFFERENCE
JANUARY			JULY		
FEBRUARY	1.0000	- 194	AUGUST		
MARCH		+ 110	SEPTEMBER		
APRIL		+ 261	OCTOBER		
MAY			NOVEMBER		
JUNE			DECEMBER		

TOTAL AMOUNT OF (Cancelled or Additional) ALLOWABLE **+ 217**

PREVIOUS ~~MARCH~~ MONTH NET ALLOW. **1705** REVISED ~~MARCH~~ MONTH NET ALLOW. **1661**

PREVIOUS ~~APRIL~~ MONTH CURRENT ALLOW. **739** REVISED ~~APRIL~~ MONTH CURRENT ALLOW. **1000**

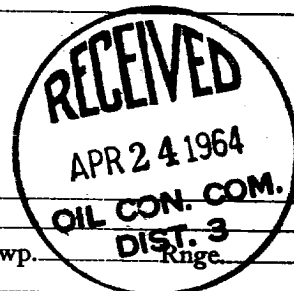
EFFECTIVE IN THE **MAY** MONTH PRORATION SCHEDULE.

REMARKS: **IN TO SE.**

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. _____
Effective date of Shut-in _____ Reason for Shut-In _____

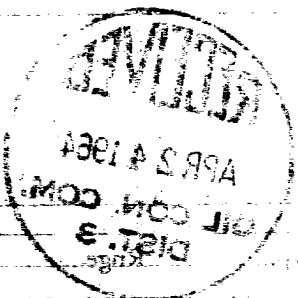


A. L. PORTER, Jr., Director

By **ORIGINAL SIGNED**

BY FRED MARES

GAS PRORATION



NOTICE OF SHUT-IN

The following described well has been shut-in for failure of completion

Well Name _____
Operator _____
Location _____
Reason for shut-in _____
Effective date of shut-in _____

REMARKS: _____

RECEIVED BY: _____

PREVIOUS MONTH _____

PREVIOUS MONTH _____

APPROVED BY: _____

DATE: _____