

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

GAS SUPPLEMENT NO. (NW) (~~330~~ **ST-4604**) DATE **10-28-63**

**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 **8-1-63**
Purchaser **EPMS** Pool **BUCHER UNIT P.C.**
Operator **EPMS** Lease **CONCO**
Well No. **2** Unit Letter **H** Sec. **23** Twp. **27** Rnge. **10**
Dedicated Acreage _____ Revised Acreage _____ Difference _____
Acreage Factor **1.00** Revised Acreage Factor _____ Difference _____
Deliverability **91** Revised Deliverability _____ Difference _____
A x D Factor **91** Revised A x D Factor _____ Difference _____

**DECLASSIFIED NON-MARGINAL
TO EXEMPT MARGINAL.**

SUPERVISOR, DISTRICT _____

RECALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	% OF MO.	ALLOWABLE DIFFERENCE	MONTH	% OF MO.	ALLOWABLE DIFFERENCE
JANUARY			JULY		
FEBRUARY			AUGUST		
MARCH			SEPTEMBER		+931
APRIL			OCTOBER		-800
MAY			NOVEMBER		
JUNE			DECEMBER		

TOTAL AMOUNT OF (Cancelled or Additional) ALLOWABLE **+131**

PREVIOUS **SEPT.** MONTH NET ALLOW. **931 Cr.** REVISED **SEPT.** MONTH NET ALLOW. **Marginal**

PREVIOUS **OCT.** MONTH CURRENT ALLOW. **800** REVISED **OCT.** MONTH CURRENT ALLOW. **Marg.**

EFFECTIVE IN THE **NOV.** 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 **ORIGINAL SIGNED**

BY FRED MARES

GAS PRORATION SECTION

