

NEW MEXICO
OIL CONSERVATION COMMISSION
P. O. BOX 2003
SANTA FE, NEW MEXICO

WELL SUPPLEMENT NO. (NW) (SE) SF-3483 **DATE** 10-27-71

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.

Point of Connection _____ **Date of First Allowable or Allowable Change** _____
Purchaser Marathon Oil Co. **Pool** Indian Basin Upper Penn.
Operator Amoco Production Co. **Lease** Federal-D
Well No. 2 **Unit Letter** F **Sec.** 7 **Twp.** 22 **Rnge.** 24
Dedicated Acreage _____ **Revised Acreage** _____ **Difference** _____
Acreage Factor .97 **Revised Acreage Factor** _____ **Difference** _____
Deliverability _____ **Revised Deliverability** _____ **Difference** _____
A x D Factor _____ **Revised A x D Factor** _____ **Difference** _____

Production Correction _____ **DIST. #** _____

CALCULATION OF SUPPLEMENTAL ALLOWABLE

| MONTH | % OF MO. | PREV. ALLOW. | REV. ALLOW. | PREV. PROD. | REV. PROD. | REMARKS |
|-------------------------------------------|----------|--------------|-------------|-------------|------------|-----------------------------|
| JANUARY | | | | | | |
| FEBRUARY | | | | | | |
| MARCH | | | | | | |
| APRIL | | | | | | |
| MAY | | | | | | |
| JUNE | | | | | | |
| JULY | | | | | | |
| AUGUST | | | | | | |
| SEPTEMBER | | | | 16542 | 90239 | |
| OCTOBER | | | | | | |
| NOVEMBER | | | | | | |
| DECEMBER | | | | | | |
| TOTALS | | | | | | |
| ALLOWABLE PRODUCTION DIFFERENCE - - - - - | | | | 73697- | | |
| September SCHEDULE O/U STATUS - - - - - | | | | 161510+ | | |
| REVISED September O/U STATUS - - - - - | | | | 87813+ | | |
| EFFECTIVE IN December SCHEDULE - - - - - | | | | | | |
| PREVIOUS PERIOD ADJUSTMENTS - - - - - | | | | | | CURRENT CLASSIFICATION N TO |

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** _____

RECEIVED

NOV 22 1971

O. O. O.
ARTESIA, OFFICE

A. L. PORTER, Jr., Director

By _____