

NEW MEXICO OIL CONSERVATION COMMISSION

P. O. BOX 871

SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) (~~XXX~~ **SP 2359**) DATE **May 12, 1961**

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 **2-1-61**
Purchaser **KPMC** Pool **SOUTH BLANCO P.C.**
Operator **SKELLY OIL CO.** Lease **MCCONNELL**
Well No. **10** Unit Letter **I H** Sec. **29** Twp. **25** Rnge. **3**
Dedicated Acreage _____ Revised Acreage _____ Difference _____
Acreage Factor **1.00** Revised Acreage Factor _____ Difference _____
Deliverability **65** Revised Deliverability _____ Difference _____
A x D Factor **65** Revised A x D Factor _____ Difference _____

**RECLASSIFIED: NON MARGINAL TO
EXEMPT MARGINAL**

ORIGINAL SIGNED

BY **FRED MARES**
SUPERVISOR, DISTRICT

GAS PRORATION SECTION

RECALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	% OF MO.	ALLOWABLE DIFFERENCE	MONTH	% OF MO.	ALLOWABLE DIFFERENCE
JANUARY			JULY		
FEBRUARY			AUGUST		
MARCH			SEPTEMBER		
APRIL	1.0000	- 8278	OCTOBER		
MAY		- 1288	NOVEMBER		
JUNE			DECEMBER		

TOTAL AMOUNT OF (Cancelled or ~~Additional~~) ALLOWABLE **- 9566**

PREVIOUS **APRIL** MONTH NET ALLOW. **8278** REVISED **APRIL** MONTH NET ALLOW. **MARGINAL**

PREVIOUS **IN MAY** MONTH CURRENT ALLOW. **1288** REVISED **MAY** MONTH CURRENT ALLOW. **MARGINAL**

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

REMARKS: ~~All previous non-marginal status cancelled. Marginal allocation based on highest production reported in previous proration period, (22 1316). This well need not be tested until such time as it should begin to produce in excess of 1500 MCF/Mo. for two consecutive months.~~ **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 _____

