

# NEW MEXICO OIL CONSERVATION COMMISSION

P. O. BOX 871  
SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) ~~755~~ **SF 2919** DATE **10/11/61**

## 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 **8/1/61**  
Purchaser **EPCO** Pool **South Blanco P.C.**  
Operator **EPCO** Lease **Canyon Largo Unit**  
Well No. **32** Unit Letter **D** Sec. **11** Twp. **25** Rnge. **6**  
Dedicated Acreage \_\_\_\_\_ Revised Acreage \_\_\_\_\_ Difference \_\_\_\_\_  
Acreage Factor **1.00** Revised Acreage Factor \_\_\_\_\_ Difference \_\_\_\_\_  
Deliverability **100** Revised Deliverability \_\_\_\_\_ Difference \_\_\_\_\_  
A x D Factor **100** Revised A x D Factor \_\_\_\_\_ Difference \_\_\_\_\_

**Reclassify from 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	<b>1.0000</b>	<b>- 2570</b>
APRIL			OCTOBER		<b>- 2137</b>
MAY			NOVEMBER		
JUNE			DECEMBER		

TOTAL AMOUNT OF (Cancelled or ~~2570~~) ALLOWABLE **- 4707**

PREVIOUS **September** MONTH NET ALLOW. **2570** REVISED **September** MONTH NET ALLOW. **Marginal**

PREVIOUS **October** MONTH CURRENT ALLOW. **2137** REVISED **October** MONTH CURRENT ALLOW. **Marginal**

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

REMARKS: **All previous Non-Marginal status cancelled. Marginal allocation based on highest production reported in previous proration period, ( 1956 ). This well need not be tested until such time as it should begin to produce in excess of 2500 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 \_\_\_\_\_

100-443887-100

[illegible][illegible]

IN \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_

[illegible]

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# THE EDITOR

The following described well has been placed in the State of Connecticut:

[illegible]