

NEW MEXICO OIL CONSERVATION COMMISSION

P. O. BOX 871
SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) ~~XXXX~~ **OF 3732** DATE _____

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 _____	
Purchaser _____		Pool _____	
Operator _____		Lease _____	
Well No. _____	Unit Letter _____	Sec. _____	Twp. _____ Rnge. _____
Dedicated Acreage _____		Revised Acreage _____ Difference _____	
Acreage Factor _____		Revised Acreage Factor _____ Difference _____	
Deliverability _____		Revised Deliverability _____ Difference _____	
A x D Factor _____		Revised A x D Factor _____ Difference _____	

SUPERVISOR, DISTRICT _____

RECALCULATION OF SUPPLEMENTAL ALLOWABLE

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

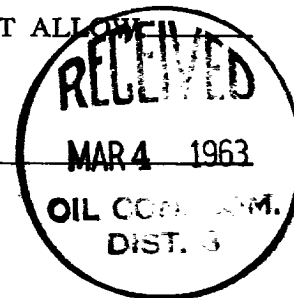
TOTAL AMOUNT OF (Cancelled or Additional) ALLOWABLE _____

PREVIOUS _____ MONTH NET ALLOW. _____ REVISED _____ MONTH NET ALLOW. _____

PREVIOUS _____ MONTH CURRENT ALLOW. _____ REVISED _____ MONTH CURRENT ALLOW. _____

EFFECTIVE IN THE _____ MONTH PRORATION SCHEDULE _____

REMARKS: _____



NOTICE OF SHUT-IN

The following described well has been Shut-in for Failure of Compliance:

Purchaser XXXX	Pool XXXX	Date 2-27-63
Operator XXXX	Lease XXXX	
Well No. XXXX	Unit Letter XX	Sec. XX Twp. XX Rnge. 9
Effective date of Shut-in 3-3-63		Reason for Shut-In Failure to meet minimum of average (1000).

~~This well will remain shut-in until further notice by the Commission.~~

A. L. PORTER, Jr., Director

By ORIGINAL SIGNED

BY FRED MARES

GAS PRORATION SECTION

WELL IDENTIFICATION
 NO. 1
 DATE

WELL NO.

THIS WELL IS LOCATED IN THE
 SECTION OF THE

STATE OF TEXAS, COUNTY OF

WELL IDENTIFICATION NO.

THIS WELL IS LOCATED IN THE
 SECTION OF THE
 STATE OF TEXAS, COUNTY OF

MONTH	NO.	WELL IDENTIFICATION NO.
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		

TOTAL AMOUNT OF WORK DONE OR ALLOWABLE

PREVIOUS MONTH

PREVIOUS MONTH

EFFECTIVE IN THE MONTH

REMARKS

NOTICE OF SHUT-IN

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

Well No. _____ Section _____ Township _____ Range _____

Reason for shut-in _____

This well will remain shut-in until further notice by the Commission.

ORIGINAL SIGNED
 OF COMMISSIONER

