

**NEW MEXICO
OIL CONSERVATION COMMISSION**
P. O. BOX 2008
SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) (SE) SF-3511 **DATE** 12-1-71

**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.

Date of Connection _____ Date of First Allowable or Allowable Change 11-1-71
Purchaser Phillips Petroleum Corp. Pool Round Tank Queen (Assoc.)
Operator Elk Oil Co. Lease Millis A State
Well No. 1 Unit Letter D Sec. 30 Twp. 15S Rnge. 29E
Dedicated Acreage 160 Revised Acreage _____ Difference _____
Acreage Factor 1.00 Revised Acreage Factor _____ Difference _____
Deliverability _____ Revised Deliverability _____ Difference _____
A x D Factor _____ Revised A x D Factor _____ Difference _____

New connection R-1670-J

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 | | | | | | |
| OCTOBER | | | | | | |
| NOVEMBER | | -0- | 54000 | | | |
| DECEMBER | | -0- | -0- | | | |
| TOTALS | | | | | | |
| ALLOWABLE PRODUCTION DIFFERENCE - - - - - | | | | | | |
| Oct. | SCHEDULE O/U STATUS - - - - - | | -0- | | | |
| REVISED Oct. | O/U STATUS - - - - - | | | | | |
| EFFECTIVE IN | January | SCHEDULE - - - - - | | | | |
| PREVIOUS PERIOD ADJUSTMENTS - - - - - | | | | | | CURRENT CLASSIFICATION AN TO |

RECEIVED

DEC 23 1971

D. C. C.

ARTESIA, OFFICE

RECEIVED

DEC 23 1971

**O.C.C.
ARTESIA, OFFICE**

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 _____