

NEW MEXICO
OIL CONSERVATION COMMISSION
P. O. BOX 1088
SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) (SE) SF-3958 **DATE June 17, 1974**

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 <u>Transwestern Pipeline Co.</u> | | Pool <u>Atoka-Penn.</u> | |
| Operator <u>Chevron Oil Company</u> | | Lease <u>Paul Terry et al Gas Com</u> | |
| Well No. <u>2</u> | Unit Letter <u>H</u> | Sec. <u>15</u> | Twp. <u>18S</u> Rnge. <u>26E</u> |
| 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 _____ | |

Revised April Production. DIST. # _____

CALCULATION OF SUPPLEMENTAL ALLOWABLE

| MONTH | % OF MO. | PREV. ALLOW | REV. ALLOW | PREV. PROD. | REV. PROD. | REMARKS |
|---|----------|-------------|------------|-------------|------------|-------------------------------|
| JANUARY | | | | | | |
| FEBRUARY | | | | | | |
| MARCH | | | | | | |
| APRIL | | | | 27298 | 27997 | 699 Difference |
| MAY | | | | | | Revised C-111 (June 17, 1974) |
| JUNE | | | | | | |
| JULY | | | | | | |
| AUGUST | | | | | | |
| SEPTEMBER | | | | | | |
| OCTOBER | | | | | | |
| NOVEMBER | | | | | | |
| DECEMBER | | | | | | |
| TOTALS | | | | | | |
| ALLOWABLE PRODUCTION DIFFERENCE - - - - - | | | | | | |
| April SCHEDULE O/U STATUS - - - - - | | | | | | |
| REVISED April O/U STATUS - - - - - | | | | | | |
| EFFECTIVE IN July SCHEDULE - - - - - | | | | | | |
| PREVIOUS PERIOD ADJUSTMENTS - - - - - | | | | | | |

RECEIVED

JUL 1 1974

O. C. C.
ARTESIA, OFFICE

CURRENT CLASSIFICATION M 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 _____ | |

A. L. PORTER, Jr., Director

By _____

[Signature]