# NEW MEXICO
## OIL CONSERVATION COMMISSION
### P. O. BOX 2088
### SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) (SE)_____ **SF 340**_____ DATE_____ **10-4-67**_____

## 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_____ Allowable Change____ **9-1-67**_____

Purchaser____ **MARATHON & BLUE GAS PIPELINE CORP** Pool **INDIAN BASIN UPPER PENN.**

Operator____ **CHESSA NATURAL GAS CO.** Lease **J.C. WILLIAMSON STANDARD FED. GAS COM. CF**

Well No.____ **1**_____ Unit Letter____ **G**_____ Sec. **19**_____ Twp. **21**____ Rnge. **20**____

Dedicated Acreage_____ Revised Acreage _____ Difference_____

Acreage Factor_____ Revised Acreage Factor_____ Difference_____

Deliverability_____ Revised Deliverability_____ Difference_____

A x D Factor_____ Revised A x D Factor____ *ORIGINAL SIGNED* Difference____

*BY FRED MARES*

**ERROR IN SCHEDULE**                          *GAS PRORATION SECTION*

### RECALCULATION OF SUPPLEMENTAL ALLOWABLE

| MONTH | % OF MO. | ALLOWABLE DIFFERENCE | MONTH | % OF MO. | ALLOWABLE DIFFERENCE |
|-------|----------|----------------------|-------|----------|----------------------|
| JANUARY | | | JULY | | |
| FEBRUARY | | | AUGUST | | |
| MARCH | | | SEPTEMBER | | |
| APRIL | | | OCTOBER | | **OCT 5 1967** |
| MAY | | | NOVEMBER | | **O. C. C.** |
| JUNE | | | DECEMBER | | **ARTESIA, OFFICE** |

TOTAL AMOUNT OF (Cancelled or **RESTORED**) ALLOWABLE_____ **- 10904**_____

PREVIOUS **SEPT.** _____ NET ALLOW. **242442**_____   REVISED **SEPT.** _____ NET ALLOW. **242298**

    MONTH                                           MONTH

PREVIOUS **OCT.** _____ CURRENT ALLOW. **60000**_____   REVISED **OCT.** _____ CURRENT ALLOW **NO CHANGE**

    MONTH                                           MONTH

EFFECTIVE IN THE_____ **NOV.**_____ PRORATION SCHEDULE.

                MONTH

REMARKS: **August production transposition. 1204 should be 2002.**_____

### 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_____