

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

GAS SUPPLEMENT NO. ~~(208)~~ (SE) AR 24 DATE 1/26/66

**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 1/26/66 Date of First Allowable or Allowable Change 1/26/66  
Purchaser Marathon Pool Indian Basin Morrow Gas  
Operator Marathon Oil Co. Lease North Indian Basin Unit  
Well No. 1 Unit Letter M Sec. 10 Twp. 21 Rnge. 23  
Dedicated Acreage 640 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 \_\_\_\_\_

*M. L. Armstrong*  
SUPERVISOR, DISTRICT 2 *W. J. S.*

**NEW CONNECTION**

**RECALCULATION OF SUPPLEMENTAL ALLOWABLE**

MONTH	% OF MO.	ALLOWABLE DIFFERENCE	MONTH	% OF MO.	ALLOWABLE DIFFERENCE
JANUARY	<u>.1935</u>	<u>11286</u>	JULY		
FEBRUARY			AUGUST		
MARCH			SEPTEMBER		
APRIL			OCTOBER		
MAY			NOVEMBER		
JUNE			DECEMBER		

TOTAL AMOUNT OF (Cancelled or Additional) ALLOWABLE 11286

PREVIOUS DEC. MONTH NET ALLOW. -0- REVISED DEC. MONTH NET ALLOW. No change

PREVIOUS JAN. MONTH CURRENT ALLOW. -0- REVISED JAN. MONTH CURRENT ALLOW. 11286

EFFECTIVE IN THE FEB. MONTH PRORATION SCHEDULE.

REMARKS: \_\_\_\_\_

**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 \_\_\_\_\_

**NEW MEXICO  
OIL CONSERVATION BOARD  
SANTA FE, NEW MEXICO**

**NOTICE OF WELL CONNECTION OR AUTHORITY TO ASSESS WELL**

If the operator of the following well has completed the well, the operator shall file this report with the Board within 30 days of completion.

Well No. \_\_\_\_\_  
 Location \_\_\_\_\_  
 Operator \_\_\_\_\_  
 Purchaser \_\_\_\_\_  
 Date of Completion \_\_\_\_\_

**NEW CONNECTION**

MONTH	NO. OF MONTHS	AMOUNT OF WELL CONNECTION
JANUARY	1	
FEBRUARY	2	
MARCH	3	
APRIL	4	
MAY	5	
JUNE	6	

TOTAL AMOUNT OF WELL CONNECTION (ALLOCATION) \_\_\_\_\_

PREVIOUS MONTH \_\_\_\_\_

PREVIOUS MONTH \_\_\_\_\_

RESPECTIVE IN THE MONTH \_\_\_\_\_

REMARKS \_\_\_\_\_

**NOTICE OF SHUT-IN**

The following described well has been shut-in for failure of completion.

Well No. \_\_\_\_\_  
 Location \_\_\_\_\_  
 Operator \_\_\_\_\_  
 Purchaser \_\_\_\_\_  
 Date of Shut-In \_\_\_\_\_

A 1 MONTH SHUT-IN

By \_\_\_\_\_