

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

GAS SUPPLEMENT NO. 20573 (SE) AR 29 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 Upper Penn. Gas
Operator Marathon Oil Co. Lease Ind BSA Gas Con.
Well No. 1 Unit Letter K Sec. 15 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. Conington
SUPERVISOR, DISTRICT

Recalculation

RECALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	% OF MO.	ALLOWABLE DIFFERENCE	MONTH	% OF MO.	ALLOWABLE DIFFERENCE
JANUARY	<u>100%</u>	<u>20573</u>	JULY		
FEBRUARY			AUGUST		
MARCH			SEPTEMBER		
APRIL			OCTOBER		
MAY			NOVEMBER		
JUNE			DECEMBER		

TOTAL AMOUNT OF (Cancelled or Additional) ALLOWABLE 20573

PREVIOUS None NET ALLOW. -0- REVISED None NET ALLOW. No change

PREVIOUS None CURRENT ALLOW. -0- REVISED None CURRENT ALLOW. 20573

EFFECTIVE IN THE None 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 COMMISSION
SANTA FE, NEW MEXICO**

DATE _____

ALL VOLUMES EXPRESSED IN MCFT
NOTICE OF WELL CONNECTION OR AUTHORITY TO ASSIGN ALLOWABLE

The Commission has compared with the requirements of the Oil Conservation Commission and has found that the following wells are in compliance with the requirements of the Commission:

WELL NAME	WELL NO.	WELL TYPE	WELL STATUS	WELL LOCATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RECALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	NO OF MO	ALLOWABLE
JULY	_____	_____
AUGUST	_____	_____
SEPTEMBER	_____	_____
OCTOBER	_____	_____
NOVEMBER	_____	_____
DECEMBER	_____	_____

NOTICE OF ASSIGNMENT ALLOWABLE

MONTH	REVISED	NET ALLOW
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRODUCTION SCHEDULE

NOTICE OF SHUT-IN

The Commission has found that the following wells are in compliance with the requirements of the Commission:

WELL NAME	WELL NO.	WELL TYPE	WELL STATUS	WELL LOCATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A. L. PORTER, Director