

**NEW MEXICO**  
**OIL CONSERVATION COMMISSION**  
PL. O. 2041 10-2-68  
**SANTA FE, NEW MEXICO**

GAS SUPPLEMENT NO. (NWX) (SE) SF-4031 DATE 10-1-74

**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>Southern Union Gas Co.</u> |                              | Pool <u>Indian Basin Upper Penn.</u>              |                                  |
| Operator <u>Amoco Production Co.</u>    |                              | Lease <u>Smith Federal</u>                        |                                  |
| Well No. <u>1</u>                       | Unit Letter <u>"F"</u>       | Sec. <u>11</u>                                    | Twp. <u>22S</u> Rnge. <u>23E</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 _____                                  |                                  |

Production correction \_\_\_\_\_

DIST. # \_\_\_\_\_

CALCULATION OF SUPPLEMENTAL ALLOWABLE

| MONTH                                     | Q. OF NO. | PREV. ALLOW. | REV. ALLOW. | PREV. PROD. | REV. PROD. | REMARKS |
|-------------------------------------------|-----------|--------------|-------------|-------------|------------|---------|
| JANUARY                                   |           |              |             |             |            |         |
| FEBRUARY                                  |           |              |             |             |            |         |
| MARCH                                     |           |              |             |             |            |         |
| APRIL                                     |           |              |             |             |            |         |
| MAY                                       |           |              |             |             |            |         |
| JUNE                                      |           |              |             |             |            |         |
| JULY                                      |           |              |             |             |            |         |
| AUGUST                                    |           |              |             |             |            |         |
| SEPTEMBER                                 |           |              |             | 36271       | 126422     | +90151  |
| OCTOBER                                   |           |              |             |             |            |         |
| NOVEMBER                                  |           |              |             |             |            |         |
| DECEMBER                                  |           |              |             |             |            |         |
| TOTALS                                    |           |              |             |             |            |         |
| ALLOWABLE PRODUCTION DIFFERENCE - - - - - |           |              |             | 90151-      |            |         |
| Aug. SCHEDULE O/U STATUS - - - - -        |           |              |             | 1397548+    |            |         |
| REVISED Aug. O/U STATUS - - - - -         |           |              |             | 1307397+    |            |         |
| EFFECTIVE IN Nov. SCHEDULE - - - - -      |           |              |             |             |            |         |
| PREVIOUS PERIOD ADJUSTMENTS - - - - -     |           |              |             |             |            |         |

**RECEIVED**

**OCT 18 1974**

**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 *[Signature]*