

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

**GAS SUPPLEMENT NO. (NW)X(SE) SF-3811**

**DATE 10-9-73**

**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 DAVID FASKEN		Pool INDIAN BASIN MORROW	
Operator DAVID FASKEN		Lease SHELL FEDERAL COM	
Well No. 1	Unit Letter S	Sec. 5	Twp. 21S Rnge. 24E
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 _____	

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

CALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	% OF MO.	PREV. ALLOW	REV. ALLOW	PREV. PROD.	REV. PROD.	REMARKS
JANUARY						
FEBRUARY						
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUGUST				58288	58689	+401 Revised C-111's.
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						
TOTALS						
ALLOWABLE PRODUCTION DIFFERENCE - - - - -				401-		
Aug. SCHEDULE O/U STATUS - - - - -				102140-		
REVISED Aug. O/U STATUS - - - - -				102541		
EFFECTIVE IN November SCHEDULE - - - - -						
PREVIOUS PERIOD ADJUSTMENTS - - - - -						
						CURRENT CLASSIFICATION N TO

**RECEIVED**

OCT 25 1973

**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 _____	Twp. _____ Rnge. _____
Effective date of Shut-in _____	Reason for Shut-In _____	

A. L. PORTER, Jr., Director

By \_\_\_\_\_

*E. Kaptana*