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JUN 1 2 1969

O. C. C.
ARTESIA, OFFICE

GAS SUPPLEMENT NO. (XXX) (SE)_____ **AR 85** _____DATE_____ June 1, 1969

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 __**5-11-69**__ Date of First Allowable __~~~~ **6-1-69**__

Purchaser __**Natural Gas Pipeline Co. of Am.**__ Pool __**Indian Basin Morrow**__

Operator __**David Fasken**__ Lease __**Skelly Federal Com**__

Well No. __**#1**__ Unit Letter __**M**__ Sec. __**9**__ Twp. __**21**__ Rnge. __**24**__

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_____

New Connection

_____

SUPERVISOR, DISTRICT __**2**__

RECALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	% OF MO.	ALLOWABLE DIFFERENCE	MONTH	% OF MO.	ALLOWABLE DIFFERENCE
JANUARY			JULY		
FEBRUARY			AUGUST		
MARCH			SEPTEMBER		
APRIL			OCTOBER		
MAY			NOVEMBER		
JUNE	1.0000	62096	DECEMBER		

TOTAL AMOUNT OF (Cancelled or Additional) ALLOWABLE __**62096**__

PREVIOUS __**MAY**__ NET ALLOW. __-0-__ REVISED __**MAY**__ NET ALLOW. __No change__

MONTH   MONTH

PREVIOUS __**JUNE**__ CURRENT ALLOW. __-0-__ REVISED __**JUNE**__ CURRENT ALLOW. __62096__

MONTH   MONTH

EFFECTIVE IN THE __**JULY**__ PRORATION SCHEDULE.

MONTH

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_____