| | | NEW M NSERVATIO P. O. BOX ANTA FE, NI | ON COM | 340 | R E | UL 1 4 1970 |
|--|---|--|----------------|------------------|-----------------------------|-------------------|
| GAS SUPPLEMEN | Г NO. (ССК /) (SE) | AR 91 | | DATE | ا 6/29/70 ^{RTE} | J. C. C. |
| NOTICE | OF WELL CONNE | CTION OR A | UTHORIT | Y TO ASSIGN | I ALLOWABI | E |
| | ALL V | OLUMES EXI | PRESSED | IN MCF | | |
| The operator of the foll assigned an allowable a | owing well has complied s shown below. | with all the req | uirements o | f the Oil Conser | vation Commiss | ion and may be |
| Date of Connection | 6/1/70 | Date of First A | Allowable or | Allowable Chan | ge 6-16- | 70 |
| Purchaser Marat | | | ool Indi | nn Basin U | pper Penn. | |
| Well No 1 | Matern Natural | A GALLIC. | ease HO | 21 Gas C | од. Т | D 22 |
| Dedicated Acreage | 360 | Revised Ac | reage | | Difference | |
| Acreage Factor | 0.56 | Revised Acres | ge Factor | | Difference | |
| Deliverability | | Revised Deliv | erability | | Difference | |
| A x D Factor | | Revised A x D Factor | | | Difference | |
| | al M. Mershon, | | | J. C. a. | | 7 1 |

New Connection

SUPERVISOR, DISTRICT

RECALCULATION OF SUPPLEMENTAL ALLOWABLE

| MONTH | % OF MO. | ALLOWABLE DIFFERENCE | MONTH | % OF MO. | ALLOWABLE DIFFERENCE |
|----------|----------|----------------------|-----------|----------|--|
| JANUARY | | | JULY | | 63024 |
| FEBRUARY | | | AUGUST | | |
| MARCH | | | SEPTEMBER | | |
| APRIL | | | OCTOBER | | · · · · · · · · · · · · · · · · · · · |
| MAY | | | NOVEMBER | | |
| JUNE | 5000 | 37236 | DECEMBER | | ······································ |

| TOTAL AMOUNT OF (Cancelled or Additional) ALLOWABLE 100260 | | | | | |
|--|---------------------------------|--|--|--|--|
| PREVIOUS Inc. NET ALLOW0- | | | | | |
| PREVIOUS <u>MONTH</u> MONTH | REVISEDJulyCURRENT ALLOW. 63024 | | | | |
| EFFECTIVE IN THE MONTH | | | | | |
| REMARKS: | | | | | |

NOTICE OF SHUT-IN

The following described well has been Shut-in for Failure of Compliance:

| Purchaser | | | Date | |
|---------------------------|-------------|-------|------|-------|
| Operator | | Lease | | |
| Well No | Unit Letter | Sec | Twp. | Rnge. |
| Effective date of Shut-in | | | | |
| | | | | |
| | | | | |

A. L. PORTER, Jr., Director

By.____