

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

GAS SUPPLEMENT NO. (NW) (SE) SF-4251

DATE August 7, 1975

**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 Llano, Inc. Pool Catclaw Draw Morrow
Operator Hanagan Pet. Corp. Lease Catclaw Draw Unit
Well No. 2 Unit Letter G Sec. 23 Twp. 21S Rnge. 25E
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 _____

Reclass from M/N 7/1/75 with 128949 Underage Reinst.
by Admin. approval.

DIST. # _____

CALCULATION OF SUPPLEMENTAL ALLOWABLE

| MONTH | % OF MO. | PREV. ALLOW | REV. ALLOW | PREV. PROD. | REV. PROD. | REMARKS |
|---|-------------------------------|--------------------|------------|-------------|------------|---------|
| JANUARY | | | | | | |
| FEBRUARY | | | | | | |
| MARCH | | | | | | |
| APRIL | | -0- | 118188 | 99375 | 99375 | |
| MAY | | -0- | 114635 | 98450 | 98450 | |
| JUNE | | -0- | 106003 | 93987 | 93987 | |
| JULY | | | 110260 | | | |
| AUGUST | | | 114358 | | | |
| SEPTEMBER | | | | | | |
| OCTOBER | | | | | | |
| NOVEMBER | | | | | | |
| DECEMBER | | | | | | |
| TOTALS | | | | | | |
| ALLOWABLE PRODUCTION DIFFERENCE - - - - - | | | | 128949 | | |
| June | SCHEDULE O/U STATUS - - - - - | | | -0- | | |
| REVISED June | O/U STATUS - - - - - | | | 128949 | | |
| EFFECTIVE IN | Sept. | SCHEDULE - - - - - | | | | |
| PREVIOUS PERIOD ADJUSTMENTS - - - - - | | | | | | |

RECEIVED

AUG 15 1975

O. G. C.
ARTESIA OFFICE

CURRENT CLASSIFICATION N TO N

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 _____

JOE D. RAMEY
XXXXX DIRECTOR, OGC, Director

By _____

J. Ramey