

NEW MEXICO  
OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) (SE) SE-4082 DATE 2-26-75

**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>El Paso Natural Gas Co.</u> |                      | Pool <u>Carlsbad Morrow, South</u>                |                                 |
| Operator <u>Corinne Grace</u>            |                      | Lease <u>Grace Carlsbad</u>                       |                                 |
| Well No. <u>1</u>                        | Unit Letter <u>I</u> | Sec. <u>36</u>                                    | Twp. <u>22S</u> Rng. <u>26E</u> |
| Dedicated Acreage _____                  |                      | Revised Acreage _____                             |                                 |
| Acreage Factor <u>1.00</u>               |                      | Revised Acreage Factor _____                      |                                 |
| Deliverability _____                     |                      | Revised Deliverability _____                      |                                 |
| A x D Factor _____                       |                      | Revised A x D Factor _____                        |                                 |
| Gas Lift _____                           |                      | DIST. # _____                                     |                                 |

CALCULATION OF SUPPLEMENTAL ALLOWABLE

| MONTH                                     | 3 OF MO. | PREV. ALLOW | REV. ALLOW | PREV. PROD. | REV. PROD. | REMARKS                     |
|-------------------------------------------|----------|-------------|------------|-------------|------------|-----------------------------|
| JANUARY                                   |          |             |            |             |            |                             |
| FEBRUARY                                  |          |             |            |             |            |                             |
| MARCH                                     |          |             |            |             |            |                             |
| APRIL                                     |          |             |            |             |            |                             |
| MAY                                       |          |             |            |             |            |                             |
| JUNE                                      |          |             |            |             |            |                             |
| JULY                                      |          |             |            |             |            |                             |
| AUGUST                                    |          |             |            |             |            |                             |
| SEPTEMBER                                 |          |             |            |             |            |                             |
| OCTOBER                                   |          |             |            |             |            |                             |
| NOVEMBER                                  |          |             |            | -0-         | 2496       |                             |
| DECEMBER                                  |          |             |            | -0-         | 7115       |                             |
| TOTALS                                    |          |             |            |             |            |                             |
| ALLOWABLE PRODUCTION DIFFERENCE - - - - - |          |             |            |             |            |                             |
| Jan. SCHEDULE O/U STATUS - - - - -        |          |             |            |             |            |                             |
| REVISED Jan. O/U STATUS - - - - -         |          |             |            |             |            |                             |
| EFFECTIVE IN April SCHEDULE - - - - -     |          |             |            |             |            |                             |
| PREVIOUS PERIOD ADJUSTMENTS - - - - -     |          |             |            |             |            |                             |
|                                           |          |             |            |             |            | CURRENT CLASSIFICATION M TO |

**RECEIVED**

**MAR 14 1975**

**O. E. 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. _____ Rng. _____ |
| Effective date of Shut-in _____ | Reason for Shut-In _____ |                                  |

A. L. PORTER, Jr., Director

By \_\_\_\_\_