

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

**RECEIVED**

DEC - 7 1973

O. C. C.  
ARTESIA, OFFICE

**GAS SUPPLEMENT NO. (NW) (SE)** SF-3865

**DATE** 11-26-73

**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.

<b>Date of Connection</b> _____		<b>Date of First Allowable or Allowable Change</b> _____	
<b>Purchaser</b> <u>El Paso Natural Gas Co.</u>		<b>Pool</b> <u>Carlsbad Morrow, South</u>	
<b>Operator</b> <u>Midwest Oil Corporation</u>		<b>Lease</b> <u>Federal 1</u>	
<b>Well No.</b> <u>1</u>	<b>Unit Letter</b> <u>K</u>	<b>Sec.</b> <u>34</u>	<b>Twp.</b> <u>22S</u> <b>Rnge.</b> <u>26E</u>
<b>Dedicated Acreage</b> _____	<b>Revised Acreage</b> _____	<b>Difference</b> _____	
<b>Acreage Factor</b> <u>1.00</u>	<b>Revised Acreage Factor</b> _____	<b>Difference</b> _____	
<b>Deliverability</b> _____	<b>Revised Deliverability</b> _____	<b>Difference</b> _____	
<b>A x D Factor</b> _____	<b>Revised A x D Factor</b> _____	<b>Difference</b> _____	

Reclassified N to M by Administrative Order \_\_\_\_\_

**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						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						
TOTALS						
ALLOWABLE PRODUCTION DIFFERENCE - - - - -						
Sept. SCHEDULE O/U STATUS - - - - -						
REVISED Sept. O/U STATUS - - - - -						
EFFECTIVE IN Dec. SCHEDULE - - - - -						
PREVIOUS PERIOD ADJUSTMENTS - - - - -						
						CURRENT CLASSIFICATION N TO M

**NOTICE OF SHUT-IN**

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

<b>Purchaser</b> _____	<b>Pool</b> _____	<b>Date</b> _____
<b>Operator</b> _____	<b>Lease</b> _____	
<b>Well No.</b> _____	<b>Unit Letter</b> _____	<b>Sec.</b> _____ <b>Twp.</b> _____ <b>Rnge.</b> _____
<b>Effective date of Shut-in</b> _____	<b>Reason for Shut-In</b> _____	

A. L. PORTER, Jr., Director

By \_\_\_\_\_

*[Signature]*