

NEW MEXICO
OIL CONSERVATION COMMISSION
P. O. BOX 1040
SANTA FE, NEW MEXICO

RECEIVED

MAY 7 1973

GAS SUPPLEMENT NO. (NXX) (SE) SF-3704 **DATE** 4-11-73 **ARTESIA, OFFICE**

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 Transwestern Pipeline Co. **Pool** Carlsbad Morrow, South
Operator Corine Grace **Lease** Gradonoco
Well No. 1 **Unit Letter** H **Sec.** 2 **Twp.** 23s **Rnge.** 26E
Dedicated Acreage _____ **Revised Acreage** _____ **Difference** _____
Acreage Factor .51 **Revised Acreage Factor** _____ **Difference** _____
Deliverability _____ **Revised Deliverability** _____ **Difference** _____
A x D Factor _____ **Revised A x D Factor** _____ **Difference** _____

DIST. # _____

To charge Redistribution _____

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 | | | | | | |
| DECEMBER | | | | | | |
| TOTALS | | | | | | |
| ALLOWABLE PRODUCTION DIFFERENCE - - - - - | | | | 286,048+ | | |
| March SCHEDULE O/U STATUS - - - - - | | | | 152,589- | | |
| REVISED March O/U STATUS - - - - - | | | | 133,459+ | | |
| EFFECTIVE IN May SCHEDULE - - - - - | | | | | | |
| PREVIOUS PERIOD ADJUSTMENTS - - - - - | | | | | | |
| | | | | | | Redistribution 286,048 |
| | | | | | | CURRENT CLASSIFICATION N TO |

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 _____