

**NEW MEXICO
OIL CONSERVATION COMMISSION**

P. O. BOX 871

SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) ~~807~~ **87 963** DATE **11-1-59**

**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 **11-1-59**
Purchaser **EPIC** Pool **SOUTH BLAND P.G.**
Operator **EPIC** Lease **ABRAHAM**
Well No. **24 1** Unit Letter **B** Sec. **24** Twp. **24** Rnge. **2**
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 _____

ERROR IN IMPLEMENTATION SCHEDULE

SUPERVISOR, DISTRICT _____

RECALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	% OF MO.	ALLOWABLE DIFFERENCE	MONTH	% OF MO.	ALLOWABLE DIFFERENCE
JANUARY			JULY		
FEBRUARY			AUGUST		
MARCH			SEPTEMBER		
APRIL			OCTOBER		
MAY			NOVEMBER		
JUNE			DECEMBER		

TOTAL AMOUNT OF (~~REVISION~~ or Additional) ALLOWABLE **4 1101**

PREVIOUS ~~NET~~ MONTH NET ALLOW. **843 CR.** REVISED ~~NET~~ MONTH NET ALLOW. **1522 CR.**

PREVIOUS ~~NET~~ MONTH CURRENT ALLOW. **355** REVISED ~~NET~~ MONTH CURRENT ALLOW. **NO CHANGE**

EFFECTIVE IN THE **NOV.** MONTH PRORATION SCHEDULE.

REMARKS: **CANCELLATION OF 1101 ENTERED IN DIST. SCHEDULE AS CANCELLATION.**

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 _____

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