# NEW MEXICO
# OIL CONSERVATION COMMISSION

P. O. BOX 871

SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) ~~(SE)~~ SF 3022 DATE 10/11/61

## 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 8-1-61

Purchaser EPNG Pool South Blanco P.C.

Operator ~~[illegible]~~ Shelly Oil Co. Lease C.W. Roberts

Well No. 2 Unit Letter L Sec. 18 Twp. 25 Rnge. 3

Dedicated Acreage _____ Revised Acreage _____ Difference _____

Acreage Factor 1.00 Revised Acreage Factor _____ Difference _____

Deliverability 169 Revised Deliverability _____ Difference _____

A x D Factor 169 Revised A x D Factor _____ Difference _____

Reclassify from Non-Marginal to Exempt Marginal

SUPERVISOR, DISTRICT _____

### RECALCULATION OF SUPPLEMENTAL ALLOWABLE

| MONTH | % OF MO. | ALLOWABLE DIFFERENCE | MONTH | % OF MO. | ALLOWABLE DIFFERENCE |
|---|---|---|---|---|---|
| JANUARY | | | JULY | | |
| FEBRUARY | | | AUGUST | | |
| MARCH | | | SEPTEMBER | 1.0000 | - 7580 |
| APRIL | | | OCTOBER | | - 2779 |
| MAY | | | NOVEMBER | | |
| JUNE | | | DECEMBER | | |

TOTAL AMOUNT OF (Cancelled or ~~Additional~~) ALLOWABLE - 10359

PREVIOUS September (MONTH) NET ALLOW. 7580 REVISED September (MONTH) NET ALLOW. Marginal

PREVIOUS October (MONTH) CURRENT ALLOW. 2779 REVISED October (MONTH) CURRENT ALLOW. Marginal

EFFECTIVE IN THE November (MONTH) PRORATION SCHEDULE.

REMARKS: All previous non-marginal status cancelled. Marginal allocation based on highest production reported in previous proration period, (1957 ). This well need not be tested until such time as it should begin to produce in excess of 2500 MCF/Mo. for two consecutive months.

## 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 _____