

OIL CONSERVATION COMMISSION
P. O. BOX 871
SANTA FE, NEW MEXICO

DATE 7/2/64

Re: Operator El Paso Natural Gas

Lease Canyon Largo Unit

Well # 28 Unit Letter D S 5 T 25

R 6, Pool South Blanco-PC

☐ CURTAILMENT NOTICE

Re: Shut-In Notice No. _____ Dated _____

The production for the above well for the month of _____
as reflected by _____ shows the curtailment volume to be
_____ MCF as of the end of _____. Since your _____
allowable is in excess of the curtailment volume, you are hereby authorized
to produce _____ MCF during the month of _____, but in no
event shall the well's production exceed that amount.

☐ CANCELLATION OF SHUT-IN NOTICE

No. 3F5294 Dated 6/2/64

The production for the above well for the month of May
as reflected by C-1114's shows that the ~~curtailment~~ volume shown on
the Shut-In Notice has been made up. 6 times o/p

You are hereby authorized to resume production of the above
referenced well.

OIL CONSERVATION COMMISSION

ORIGINAL SIGNED

BY FRED MARES

GAS PRORATION SECTION

NEW MEXICO
OIL CONSERVATION COMMISSION
P. O. BOX 871
SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) (~~NEW~~ **SF 3294**) DATE _____

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 _____ | Pool _____ |
| Operator _____ | Lease _____ |
| Well No. _____ | Unit Letter _____ Sec. _____ Twp. _____ Rnge. _____ |
| 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 _____ |

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 (Cancelled or Additional) ALLOWABLE _____

PREVIOUS _____ MONTH NET ALLOW. _____ REVISED _____ MONTH NET ALLOW. _____

PREVIOUS _____ MONTH CURRENT ALLOW. _____ REVISED _____ MONTH CURRENT ALLOW. _____

EFFECTIVE IN THE _____ MONTH PRORATION SCHEDULE.

REMARKS: _____

NOTICE OF SHUT-IN

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

| | | |
|---|--|---|
| Purchaser _____ | Pool SANTA BLANCO P.C. | Date 6-3-64 |
| Operator EPMS | Lease CANYON LAGO UNIT | |
| Well No. 28 | Unit Letter ED D | Sec. 5 Twp. 22 Rnge. 6 |
| Effective date of Shut-in 6-3-64 | Reason for Shut-In 6 times overproduced | |

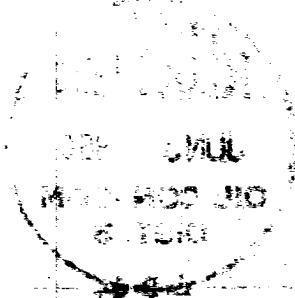
This well will remain shut-in until further notice by the commission.



A. L. PORTER, Jr., Director
ORIGINAL SIGNED
By **FRED MARES**

GAS PRORATION SECTION

ORIGINAL SIGNED
BY PAUL HARRIS
LAD PRODUCTION SECTION



NOTICE OF ABSENCE

It is hereby certified that the following named employee is absent from work on the date indicated.

Employee Name: [illegible]
Date: [illegible]
Reason: [illegible]
Signature: [illegible]
Title: [illegible]

EMPLOYEE'S NAME: [illegible]

REASON FOR ABSENCE: [illegible]

DATE OF ABSENCE: [illegible]

AMOUNT OF COMPENSATION: [illegible]