

**NEW MEXICO  
OIL CONSERVATION COMMISSION**

P. O. BOX 871

SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW ~~XXXX~~) **SF 2877** 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 **Ballard P.C.**  
Operator **EPNG** Lease **Hicorilla P**  
Well No. **9** Unit Letter **K** Sec. **28** Twp. **24** Rnge. **5**  
Dedicated Acreage \_\_\_\_\_ Revised Acreage \_\_\_\_\_ Difference \_\_\_\_\_  
Acreage Factor **1.00** Revised Acreage Factor \_\_\_\_\_ Difference \_\_\_\_\_  
Deliverability **88** Revised Deliverability \_\_\_\_\_ Difference \_\_\_\_\_  
A x D Factor **88** 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	<b>1.0000</b>	<b>- 2999</b>
APRIL			OCTOBER		<b>- 1496</b>
MAY			NOVEMBER		
JUNE			DECEMBER		

TOTAL AMOUNT OF (Cancelled or ~~Additional~~) ALLOWABLE **- 4495**

PREVIOUS ~~September~~ MONTH NET ALLOW. **2999** REVISED ~~September~~ MONTH NET ALLOW. **Marginal**  
PREVIOUS ~~October~~ MONTH CURRENT ALLOW **1496** 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, ( 1853 ), 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 \_\_\_\_\_