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

GAS SUPPLEMENT NO. (NW) ~~SUX SF 1356~~ 1360 _____DATE_____ 6-9-60

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 ~~RECLASSIFICATION~~ or Allowable Change_____ 2-1-60

Purchaser_____ EPNG _____Pool_____ BALLARD P.C.

Operator_____ WESTERN NAT. GAS CO. _____Lease_____ HAMMETT FED.

Well No._____ 1 _____Unit Letter_____ A _____Sec._____ 25 _____Twp._____ 25 _____Rnge._____ 8

Dedicated Acreage_____ 149.18 _____Revised Acreage _____Difference_____

Acreage Factor_____ .93 _____Revised Acreage Factor_____Difference_____

Deliverability_____ 17 _____Revised Deliverability_____Difference_____

A x D Factor_____ 16 _____Revised A x D Factor_____Difference_____

RECLASSIFIED 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		
APRIL			OCTOBER		
MAY		-9087	NOVEMBER		
JUNE		-472	DECEMBER		

TOTAL AMOUNT OF (Cancelled or ~~Additional~~) ALLOWABLE_____ -9559 _____

PREVIOUS____ MAY ____NET ALLOW.____ 9087 _____ REVISED____ MAY ____NET ALLOW.____ MARGINAL
    MONTH   MONTH

PREVIOUS____ JUNE ____CURRENT ALLOW.____ 472 ____ REVISED____ JUNE ____CURRENT ALLOW.____ MARGINAL
    MONTH   MONTH

EFFECTIVE IN THE_____ JULY _____PRORATION SCHEDULE.
                        MONTH

REMARKS: **All previous Non-Marginal status cancelled. Marginal allocation based on highest production reported in previous proration period,(427). This well need not be tested until such time as it should begin to produce in excess of 1000MCF per 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_____

_____

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A. L. PORTER, Jr., *Director*

By_____