

**NEW MEXICO  
OIL CONSERVATION COMMISSION**  
P. O. BOX 971  
SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) ~~FILE~~ **SF 1922** DATE **8-10-60**

**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 ~~RECONSIDERATION~~ or Allowable Change **8-1-60**  
Purchaser **EPND** Pool **BLANCO MT**  
Operator **EPND** Lease **INDIAN - 1**  
Well No. **2** Unit Letter **0** Sec. **16** Twp. **28** Rnge. **3**  
Dedicated Acreage **320** Revised Acreage \_\_\_\_\_ Difference \_\_\_\_\_  
Acreage Factor **1.00** Revised Acreage Factor \_\_\_\_\_ Difference \_\_\_\_\_  
Deliverability **0** Revised Deliverability \_\_\_\_\_ Difference \_\_\_\_\_  
A x D Factor **0** Revised A x D Factor \_\_\_\_\_ Difference \_\_\_\_\_

**DECLASSIFIED NON-MARGINAL TO MEET MARGINAL**

SUPERVISOR, DISTRICT \_\_\_\_\_

**RECALCULATION OF SUPPLEMENTAL ALLOWABLE**

MONTH	% OF MO.	ALLOWABLE DIFFERENCE	MONTH	% OF MO.	ALLOWABLE DIFFERENCE
JANUARY			JULY		
FEBRUARY			AUGUST		<b>- 32207</b>
MARCH			SEPTEMBER		<b>- 1705</b>
APRIL			OCTOBER		
MAY			NOVEMBER		
JUNE			DECEMBER		

TOTAL AMOUNT OF (Cancelled or Additional) ALLOWABLE ~~32207~~ **- 33992**

PREVIOUS ~~JULY~~ MONTH NET ALLOW. **32207** REVISED ~~JULY~~ MONTH NET ALLOW. **MARGINAL**

PREVIOUS ~~AUGUST~~ MONTH CURRENT ALLOW. **1705** REVISED ~~AUGUST~~ MONTH CURRENT ALLOW. **MARGINAL**

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

REMARKS: ~~all previous Non-Marginal status cancelled. Marginal allocation based on highest production reported in previous proration period, (1/2). This well need not be tested until such time as it should begin to produce in excess of 1000 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 **ORIGINAL SIGNED**

**BY FRED MARES**

**GAS PRORATION SECTION**

1. *Chlorophyll a* (Chl *a*)

[illegible]

100-38861-100

1. The above information was obtained from the records of the [redacted] and is being furnished to you for your information. The [redacted] is not responsible for the accuracy or completeness of the information furnished herein.

ORIGINAL SIGNED  
BY FIELD OFFICER