

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

DATE 7/2/64

Re: Operator El Paso Natural Gas

EP

Lease Frost

Well # 5 Unit Letter D S 25 T 27

R 10, Pool Fulcher Kutz-Pictured Cliffs



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. SF5274 Dated 6/2/64

The production for the above well for the month of May
as reflected by C-114's shows that the ~~curtailment~~ volume shown on
the Shut-In Notice has been made up. 6 times o/p

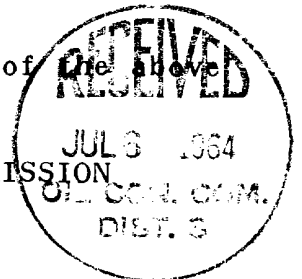
You are hereby authorized to resume production of the above
referenced well.

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) 4334 ST 2074 2074 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 EPW Pool WILSON 2072 P.C. Date 6-2-64
Operator EPW Lease _____
Well No. 2 Unit Letter D Sec. 25 Twp. 27 Rnge. 10
Effective date of Shut-in 6-2-64 Reason for Shut-In 4 times overproduced
this well will remain shut-in until further notice by the commission.

A. L. PORTER, Jr., Director
ORIGINAL SIGNED

By BY FRED MARES

GAS PRORATION SECTION



