

# NEW MEXICO OIL CONSERVATION COMMISSION

P. O. BOX 871  
SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) ~~(SE)~~ SF 1801 DATE January 31, 1961

## 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 1/1/61  
Purchaser EPNG Pool FULCHER KUTZ PG  
Operator EPNG Lease HEADAMS  
Well No. 1 Unit Letter K Sec. 20 Twp. 27 Rnge. 9  
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 \_\_\_\_\_

**ERROR IN SCHEDULE**

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 - 1951

PREVIOUS JAN. MONTH NET ALLOW. 5002 REVISED JAN. MONTH NET ALLOW. 3051

PREVIOUS FEB. MONTH CURRENT ALLOW. 2132 REVISED FEB. MONTH CURRENT ALLOW. NO CHANGE

EFFECTIVE IN THE MARCH MONTH PRORATION SCHEDULE.

REMARKS: \_\_\_\_\_

### 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 \_\_\_\_\_

