

# NEW MEXICO OIL CONSERVATION COMMISSION

P. O. BOX 871  
SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) ~~XXX~~ **SF** **2547** 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 **KPMG** Pool **WEST KUTZ P.C.** Date **August 8, 1961**  
Operator **FRANK YOCKEY** Lease **YOCKEY**  
Well No. **4** Unit Letter **K** Sec. **20** Twp. **27** Rnge. **11**  
Effective date of Shut-in **August 1, 1961** Reason for Shut-In **6 times over produced.**  
**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