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

DATE 8-5-63

EP

Re: Operator Southwest Production Co.

Lease Scott Fed.

Well # 8 Unit Letter B S 22 T 27

R 11, Pool Basin Dakota

[ ] 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.

[X] CANCELLATION OF SHUT-IN NOTICE

No. SF-4128 Dated 7-3-63

The production for the above well for the month of June 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.

RECEIVED
AUG 12
OIL CON COM
DIST.

OIL CONSERVATION COMMISSION

BY 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) ([redacted]) [redacted] 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 [redacted] Pool [redacted] Date [redacted]

Operator [redacted] Lease [redacted]

[redacted] Unit Letter [redacted] Sec. [redacted] Twp. [redacted] Rnge. [redacted]

Effective date of Shut-in [redacted] Reason for Shut-In [redacted]

[redacted]

[redacted]

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

By _____