

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

GAS SUPPLEMENT NO. (NW) ~~XXXX~~ **ST 11-48** DATE **7-13-60**

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 ~~REVISION~~ Allowable Change **7-13-60**
Purchaser **SWC** Pool **WEST BUTE P.C.**
Operator **WESTERN INV. CO. OF N.M.** Lease **XXXX-4**
Well No. **7** Unit Letter **L** Sec. **6** Twp. **27** Rnge. **11**
Dedicated Acreage **195.34** Revised Acreage _____ Difference _____
Acreage Factor **.97** Revised Acreage Factor _____ Difference _____
Deliverability **10** Revised Deliverability _____ Difference _____
A x D Factor **18** Revised A x D Factor _____ Difference _____

CHANGED FROM MINIMAL TO EXHIBIT MINIMAL

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 **NO REVISION**

PREVIOUS ~~JUNE~~ MONTH NET ALLOW. ~~MINIMAL~~ REVISED ~~JUNE~~ MONTH NET ALLOW. **NO CHANGE**

PREVIOUS ~~JULY~~ MONTH CURRENT ALLOW. ~~MINIMAL~~ REVISED ~~JULY~~ MONTH CURRENT ALLOW. **NO CHANGE**

EFFECTIVE IN THE ~~AUGUST~~ MONTH PRORATION SCHEDULE.

REMARKS: **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 _____

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