

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

GAS SUPPLEMENT NO. (NW) XXXX 144 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 _____	Pool _____	Date _____
Operator _____	Lease _____	
Well No. _____	Unit Letter _____	Twp. _____ Rnge. _____
Effective date of Shut-in _____	Reason for Shut-In _____	

~~This well shall remain shut-in until further notice by the Commission.~~

A. L. PORTER, Jr., Director

By \_\_\_\_\_