

NEW MEXICO OIL CONSERVATION COMMISSION

P. O. BOX 871
SANTA FE, NEW MEXICO

GAS SUPPLEMENT NO. (NW) (SE) 37 394 DATE 9-10-58

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 9-1-58
Purchaser 3738 Pool Blanco IV
Operator 3738 Lease Moore
Well No. 3 Unit Letter N Sec. 24 Twp. 32 Rnge. 12
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 _____

Errors in Production Reports.

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 -5739

PREVIOUS July MONTH NET ALLOW. 52573 REVISED July MONTH NET ALLOW. 46834

PREVIOUS Aug MONTH CURRENT ALLOW. 190 REVISED Aug MONTH CURRENT ALLOW. No change

EFFECTIVE IN THE Sept. MONTH PRORATION SCHEDULE.

REMARKS: Correcting production for 5,6,7,8/57.

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 _____

**NEW MEXICO
OIL CONSERVATION COMMISSION**
SANTA FE, NEW MEXICO

NOTICE OF WELL CONNECTION OR AUTHORITY TO ASSIGN ALLOWABLE
ALL VOLUMES EXPRESSED IN MCF

The operator of the following well has notified the Oil Conservation Commission and may be assigned an allowable as shown below:

Well No. _____
Operator _____
Pool _____
Location _____
County _____
State _____
Effective date of shut-in _____
Reason for shut-in _____
Date _____
By _____

Errors in Production Reports

RECALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	ALLOWABLE	EXCESS	ALLOWABLE	EXCESS	ALLOWABLE	EXCESS
JANUARY						
FEBRUARY						
MARCH						
APRIL						
MAY						
JUNE						

TOTAL AMOUNT OF (Corrected) ALLOWABLE _____

PREVIOUS MONTH ALLOWABLE _____

CURRENT MONTH ALLOWABLE _____

RECALCULATION SCHEDULE _____

REMARKS: Correcting production for 1.6, 1.8, 1.9.

NOTICE OF SHUT-IN

The following described well has been shut-in for reasons of conservation:

Well No. _____
Operator _____
Pool _____
Location _____
County _____
State _____
Effective date of shut-in _____
Reason for shut-in _____
Date _____
By _____

A. L. PORTER, Jr., Director

By _____