GAS WELL CONNECTION, RECONNECTION, OR DISCONNECTION NOTICE

This is to notify the Oil Conservation Division of the following:

Connection ______ First Delivery ___________________________ Date __________ Initial Potential ___________

Reconnection ______ First Delivery ___________________________ Date __________ Initial Potential ___________

Disconnection ______ ___________________________ Date

for delivery of gas from the

Operator ___________________________

Lease and Well Number ___________________________

API Number__________________________

Meter Number __________________ Location (Unit Letter, Section, Township, Range)

Pool ________________________________

was made on ___________________. Date __________

AOF __________ Choke ________

OCD use only

County ___________________________

Land Type ___________________________

Liq. Transporter ___________________________

Transporter ___________________________

Signature of Transporter Representative ___________________________

FILING INSTRUCTIONS:

Each transporter of gas from a wellhead or central point of delivery shall submit this form to the appropriate district office within 30 days following the connection, reconnection, or disconnection of a well from its gathering/transportation system, in accordance with 19.15.7.41 NMAC.