NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE, NEW MEXICO

St 20 fers St 20 fers 4-16-597-3-58

APPLICATION FOR DUAL COMPLETION

Blanco M. V.	~ ******** * (Rio Arriba	April 14, 1959
perator		Lease		Well No.
cation Unit	Section		Sen Juan 27-5 Unit	41 (191)
Well			Township	Range
	ervation Commissi	on heretofore	authorized the dual association of	f a well in these same pools or in the same
zones within one mile of the s	ubject well? YE	S X NO	authorized the duar completion of	a well in these same pools or in the same
If answer is yes, identify one				and Well No.
		-	, operator, nease	, and well no
	Sex	Juan 27-	-5 Whit No. 30 (M)	
The following facts are submit	tted:		7	
			er Zone	Lower Zone
o. Name of reservoir		Picture	nd Cliffs	Mesa Verde
b. Top and Bottom of Pay Section				
(Perforations)		2524	-10	
c. Type of production (Oil or	Gas	3290-33	98 6	5450-5546 (Point Looka
d. Method of Production	023)	964		Gas
(Flowing or Artificial Li	ft)	Plovine	_	91
The following are attached. (F		t NO)		Flowing
c. Waivers consenting been furnished copies d. Electrical log of the thereon. (If such log	to such dual comp s of the application e well or other acc is not available a	eant's lease. letion from ea . eptable log we t the time app	ach offset operator, or in lieu ther ith tops and bottoms of producing plication is filed, it shall be subm	zones and intervals of perforation indicate
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c. Waivers consenting been furnished copies d. Electrical log of the thereon. (If such log List all offset operators to the ELECTRICATE: I, the undersig r my supervision and direction Should waivers from all offse Commission will hold the ap	to such dual comp so of the application well or other accis not available a lease on which this case on which the case of the cas	eptable log we the time app s well is local and furnished and furnished to I am authoristated therein company an artiod of twenty	a copy of this application? YES Tatroleum Ingineer OR'G'.NAL S application for administrative appresents.	zones and intervals of perforation indicated as provided by Rule 112—A.) ailing address. NO If answer is yes, give date the Report was prepared to the best of my knowledge. IGNED E. S. OBERLY