## NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE, NEW MEXICO

## APPLICATION FOR DUAL COMPLETION

он 	Bet for hearing, -3-58
	Date
_	March 7, 1963
	W-11 N-

Undesignated		County	Date			
		Eddy		March 7, 1963		
perator	Lease	ian Danin HAH	Well No.	1		
RALPH LOWE	Section Ind.	ian Basin "A" Township	Range	<u> </u>		
f Well	22	21-S		23-E		
Has the New Mexico Oil Conservation			etion of a well in these		he same	
zones within one mile of the subject If answer is yes, identify one such in		1 /	Lease, and Well No.:			
The following facts are submitted:	Up	Upper Zone		Lower Zone		
g. Name of reservoir	Upper Pen	n.	Morrow			
b. Top and Bottom of		7505' Top. Bottom 7572'		9118' Top. Bottom 9266		
Pay Section		7505-17', 7524-33',		9118-30', 9252-66'		
(Perforations)	7539-72'		Gas			
c. Type of production (Oil or Gas)	Gas	Gas				
d. Method of Production	-1 .	_1 .				
(Flowing or Artificial Lift) The following are attached. (Please	Flowing		Flowing			
( 3uch 108 to Hot		AU AAAUU AL BIIGII		ed hakkule 143-4	n indicat	
	on which this well is l leases are in	ocated together with their co	orrect mailing address.	ed by Rule 142-A.		
List all offset operators to the lease	on which this well is land leases are in	ocated together with their co	orrect mailing address.			
List all offset operators to the lease	on which this well is l leases are in	ocated together with their co	orrect mailing address.	\$ 2 c 9 x 5		
List all offset operators to the lease	on which this well is l leases are in	ocated together with their co	orrect mailing address.			
Were all operators listed in Item 5 abo of such notification Not app1	l leases are in	ned a copy of this application.	orrect mailing address. unit. on? YES NO	S S S S S S S S S S S S S S S S S S S		
Were all operators listed in Item 5 about of such notification Not app1  CERTIFICATE: I, the undersigned, such notification (comp	ove notified and furnishicable  state that I am theany), and that I am auti	need a copy of this application  Agent  Agorized by said company to	orrect mailing address. unit. on? YES NO  of the R. make this report; and th	C C C C C C C C C C C C C C C C C C C	, give d	
Were all operators listed in Item 5 about of such notification Not app1  CERTIFICATE: I, the undersigned, so (comp der my supervision and direction and the supervision and th	ove notified and furnishicable state that I am theany), and that I am authat the facts stated the	need a copy of this application  Agent  Agorized by said company to	on? YES NO  on? YES NO  of the R.  make this report; and the omplete to the best of means.	C C C C C C C C C C C C C C C C C C C	, give d	

NOTE: If the proposed dual completion will result in an unorthodox well location and/or a representation unit in either or both of the producing zones, then separate application for approval of the same should be fixed sime, aneously with this application.