SANTA FE, NEW MEXICO

ATION FOR DUAL COMPLETION

	APPLICATION FO	County	Date	
eld Name		County	April 20, 1960 Well No. 15 53	
Drinkard	TT	<u> </u>	Well No. 5 53	
erator	Lease	Hardy	6	
Socony Mobil Oil C	ction	Township	Range	
cation Unit		215	37 E	
Well D	Commission heretofore au	thorized the dual com	apletion of a well in these same pools or in the same	
Has the New Mexico Oil Conservation	commission herecolore and			
zones within one mile of the subject w	ren: 123 A No. DC	8)18 ; Operat	or, Lease, and Well No.:	
If answer is yes, identify one such ins	stance. Order vier			
To all Committee T	Aunice King # 6			
Gulf Oil Corporation, Eunice King # 6 The following facts are submitted: UDDer Zone			Lower Zone .	
The following facts are submitted.	Upper Zone			
g. Name of reservoir	Paddock		Drinkard	
b. Top and Bottom of	1 2000			
_				
Pay Section (Perforations)	51.62 - 5172		6600-6625	
c. Type of production (Oil or Gas)	Oil		Oil	
d. Method of Production	U.h.da			
(Flowing or Artificial Lift)	Flowing		Flowing	
The following are attached. (Please				
thereon. (If such log is no List all offset operators to the lease Texaco Inc., Box 158, Ho Gulf Oil Corp., 900 No.	t available at the time app on which this well is loca obbs, New Mexico	ated together with the	of producing zones and intervals of perforation indicated hall be submitted as provided by Rule 112-A.) Fir correct mailing address.	
Tidewater Oil Co., Box	547, Hobbs, New Me	exico		
Ohio Oil Co., 120 W. Sa	nger, Hobbs, New M	lexico		
The Comm	י אידרוועביוי שווווון וווווו	TODOS' MEM TYCY	ico	
Sunray-Mid-Continent On	Liber JUD No Lety	or, Hobbs, New	MEXICO	
J. W. Perry, Box 655, 0	dessa, Texas	** 11 37 35		
Sinclair Oil & Gas Co.,	520 E. Broadway	Hobbs, New Mer	xico ication? YES NO	
11 . 11	DOVE HOURIEG AND TURNISHED			
. Were all operators listed in item) a	U. 17VV			
of such notificationApril 2				
of such notificationAPT11 2	, state that I am the Dis	ein are true, correct	endent of the Socony Mobil Oil my to make this report; and that this report was prepared mod complete to the best of my knowledge. Signature	
of such notificationAPTII 2 CERTIFICATE: I, the undersignedCompany, Inc(con under my supervision and direction and	, state that I am the <u>Dis</u> npany), and that I am autho that the facts stated there	ein are true, correct a	Signature	
CERTIFICATE: I, the undersigned Company, Inc. (con under my supervision and direction and * Should waivers from all offset	npany), and that I am author that the facts stated there operators not accompany a	in are true, correct and application for administry (20) days from date	nd complete to the best of my knowledge.	

NOTE: If the proposed dual completion will result in an unorthodox well location and/or a non-standard proration unit in either or both of the producing zones, then separate application for approval of the same should be filed simultaneously with this application.