SANTA FE, NEW MEXICO

County Date		
eld Name	County	Nov. 11. 1062
erator	Lease	2 14.Y 1.1 Well No. 17
Carlon Unit Section	J. P. Janda (UCR-P)	Range
cation Unit	<b>.</b>	
Has the New Mexico Oil Conservation Comm	nission heretofore authorized the dual comple	etion of a well in these same pools or in the same
zones within one mile of the subject well?		
If answer is yes, identify one such instance		Lease, and Well No.:
•		
	Janda (HCToF) wall no. 3	
The following facts are submitted:	Upper Zone	Lower Zone
N. C.		
a. Name of reservoir	Jalmet	South Marties
5. Top and Bottom of		
Pay Section (Perforations)	3370 - 3L00	2721 <b>_ 2872</b>
c. Type of production (Oil or Gas)	011	All
d. Method of Production	- VAL	
(Flowing or Artificial Lift)	Dov	n <sub>e</sub>
The following are attached. (Please mark)		
List all offset operators to the lease on wh	lable at the time application is filed, it shall sich this well is located together with their co	orrect mailing address.
Simulate Oll & Gas Co., 520	East Budy, Hobbs, New Maxies	
Shows Dock Plan Cont. & Chil. Co.	. Ber 1688, Hobbe, Ber Herico	
THE PERSON NAMED IN COLUMN	<u> </u>	
Western Natural Ges Co., Box	1060, Jal. New Mexico	
. Were all operators listed in Item 5 above no	otified and furnished a copy of this application	on? YES NO If answer is yes, give de
of such notification		
•		<u> </u>
	that I am the Arma Potters I am Boot no	
CERTIFICATE: I, the undersigned, state		neg of the Galf Gal Gorporation
(company),	and that I am authorized by said company to	make this report; and that this report was prepared
(company),	and that I am authorized by said company to	make this report; and that this report was prepared
(company),	and that I am authorized by said company to be facts stated therein are true, correct and co	make this report; and that this report was prepared omplete to the best of my knowledge.
(company),	and that I am authorized by said company to be facts stated therein are true, correct and co	make this report; and that this report was prepared omplete to the best of my knowledge.
(company), nder my supervision and direction and that the	and that I am authorized by said company to be facts stated therein are true, correct and co ORIGIN	make this report; and that this report was prepared omplete to the best of my knowledge.  VAL SIGNED Z. C. BALLINGER  Signature
(company), under my supervision and direction and that the	and that I am authorized by said company to the facts stated therein are true, correct and co ORIGINATION OF THE PROPERTY OF T	make this report; and that this report was prepared omplete 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.