

APPLICATION FOR DUAL COMPLETION
 IN THE _____ FIELD
 (To be filed in triplicate with the District
 Manager in whose District the well is located.)

Date: _____ Upper Zone Serial No.: _____ Lower Zone Serial No.: _____
 Parish: _____ District Office: _____
 Operator: _____ Lease: _____ Well No.: _____

1. Are the reservoirs herein requested to be used for dual completion presently recognized by the Office of Conservation as separate reservoirs as the result of prior applications for permission to dually complete?

a. If the answer to the question above is "No" all offset operators in the field must be furnished a copy of this application.

2. Identify one instance (operator, lease, well number) wherein the dual completion was granted involving these same two zones in this field.

3. Are the reservoirs herein requested separate and distinct common sources of supply throughout the known area of the field?

4. The following facts are submitted:

- a. Name of reservoir:
- b. Top of pay section:
- c. Bottom of pay section:
- d. Perforations:
- e. Type of production (Oil or Gas):
- f. Reservoir Pressure:

UPPER ZONE	MIDDLE ZONE	LOWER ZONE

5. The following are attached. (Please mark YES or NO.)

- a. Electric log with tops and bottom of producing zones and perforated intervals shown and marked:
- b. Diagrammatic sketch of proposed dual completion installation:
- c. Plat showing location of well:

6. List all offset operators to the lease on which this well is located together with each correct mailing address. If Item 1-a above is applicable, also list all operators in the field. (Use additional paper if necessary.)

Operator	Address

7. Has each of the operators listed in Item 6 above been furnished a copy of this application?

Give date furnished:

8. Are letters waiving notice of hearing from each of the above offset operators attached?

9. Is this location, with respect to both zones, in compliance with the applicable rules and regulations?

Form A.D.C. No. 1

Upper Zone Serial No.: _____

Lower Zone Serial No.: _____

10. Is the fluid produced from either of these zones conductive to corrosion to the extent that any resulting corrosion will damage tubing or casing?

11. If the answer to number 10 is yes, what steps are proposed to control this corrosion problem?

Operator

By _____

CERTIFICATE

This is to certify that, to the best of my knowledge and belief, the information contained in this application is true and correct.

Signed: _____

Title: _____

Representing: _____

INSTRUCTIONS

1. This form is to be completed in triplicate and filed with the District Manager in whose district the well is located.
2. Item 2, the name of the reservoir, should correspond to the Reservoir Nomenclature Abbreviations of the Office of Conservation established by the Geological Division.
3. Item 8, request for waiver, must contain the following:
 - a. Operator, lease and well number involved.
 - b. Copy of application for dual completion.
 - c. Date application will be mailed to the District Manager's office.