Form 9-331 (May 1963)

Ut. L'ED STATES SUBMIT IN TRL. (Other instructions on re-

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

	L	<u>C-</u> (Ω	6	2.	4	0	7			
6.	IF	INDIA	Ň,	ALL	OTTI	E	OR	TRI	BE	NAM	ı

	GEOLOGICAL SURVEY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	TICES AND REPORTS C	ack to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Use "APPLIC	CATION FOR PERMIT— for such pr	Oposition)	The state of the s
1.			7. UNIT AGREEMENT NAME
OIL GAS OTHER	DRILLING	25	EMPIRE SOUTH DEEP UNIT
2. NAME OF OPERATOR		MULTI STOREY	8. FARM OR LEASE NAME
AMOCO PRODUCTION COM	APANY ✓	167 1 57100	
3. ADDRESS OF OPERATOR		OEO! OF WHILM	9. WELL NO.
BOX 367, ANDREWS, T	EXAS /9/14	ILS GEO STANDA MARIO	10 and a Na hoot on him board
4. LOCATION OF WELL (Report location See also space 17 below.)	clearly and in accordance with any	State Kadirements.	10. FIELD AND FOOL, OR WILDCAT
At surface			SOUTH EMPIRE-MORROW
900' FCL = 2210'	FEL Sec. 30 (Um	it D Sula SEL	11. SEC., T., B., M., OR BLE. AND SURVEY OR ARMA
160 F2L x 5210	FLL Sec. 00 (and	cc 0, cap 0=11)	20. 17 29 NMAM
			10 corner on purey 12 STATE
14. PERMIT NO.	15. ELEVATIONS (Show whether DF	, RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE
	→ 3637 <i>G</i>		EDDY MIL
	Appropriate Box To Indicate N	lature of Notice Report or	Other Data
16. Check A	Appropriate box to indicute is		
NOTICE OF INT	ENTION TO:	SUBSE	QUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OF ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other DU	dung ×
		(Note: Report resultant or Record	its of multiple completion on Well appletion Report and Log form.)
(Other)	OPERATIONS (Clearly state all pertines	+ J.+ H J L partingst date	as including estimated date of starting any
proposed work. If well is direction this work.) *	CHOUSTIA GLITTER, RIVE REPRETATOR TOCK	along and membered and are	
	in a Roll	111111111111111111111111111111111111111	" hole 5-25-75
Sharp Arill	mg co. spric	acco 112	100 C 3 23 13
/			
2: PM.	V		
	4 36 " 07 10-	H ILAO CTEA	Aug 1 11/11/2
Ou, 5-26-75	13 48 OD 40°	140 312 C	Cusing was
	1 0 01	0 ,00 000	L. Circ 185 8x.
Det @ 425 W	475 Sx. Class	C + 210 CAC	Z. 6006 165
	and the	to I Que ince	u/ 800 psi
aster of oc	24 hours, tes	nea casarry	ig occ psi
	-0.10		
406 30 min.	C)104 W.K.	•	
	Gest O.K.		
for 30 min. Leduced hole drilling.			
	1 . 24 . 4 . 0	1000	a limit
HIIIIII hall	to 12/4" @ 4	izs and re	Jume w
/ Little and	,		i i i i i i i i i i i i i i i i i i i
drillina.			RECEIVED
W. Carrette			그는 영화 학회의 학생 (평평) 등원 병이 되었다.
0			1975
\sim			10112 N 1010
// ~			
18 I hereby certify that the folegoin	ng is true and coyrect		O. L. L.
		MINISTRATIVE ASSISTANT	r
SIGNED OF GOOD	TITLE AD!	MICECA STITATIONIN	DATE HITH A V ISIS
(This space for Federal or State	office use)		
(Ania space 14t 2 cuciai de State			
APPROVED BY	TITLE		DATE
CONDITIONS OF ATPROVAL,	F ANY:		
TINES OF SILL STE			

*See Instructions on Reverse Side

ACTING DISTRICT ENGINEER