	.~-	N. M. O. C. C. C.	<i>t</i> -		opey 6 SI
Form 9-331 (May 1963)	UN ED STAT	(1)4 hon Immanus at	TH*	Budget Bure	ran No. 42 R142
	DEPARTMENT OF THE	-		5. LEASE DESIGNATION	AND BERIAL NO.
	GEOLOGICAL SU			6. IF INDIAN, ALLOTTI	CO- 1+
	INDRY NOTICES AND REP		t -	,	
(20 1101 411	his form for proposals to drill or to deep Use "APPLICATION FOR PERMIT—	" for such proposals) CEIV	ËD		
OIL GAS		K — -		7. UNIT AGREEMENT N	ENA
NAME OF OPERATOR	· · · · · · · · · · · · · · · · · · ·	TIII 9 197	4	8. FARM OR LEASE NA	ME
Amoco Production Company		302 / 20	HONDO B 3		Gas COM
ADDRESS OF OPERA		D. C. C.		9. WELL NO.	
BOX 68, HOBB	(Report location clearly and in accordance	ARTESIA, OFFI	C E	Q. FIELD AND POOL,	OB WILLOOM
See also space 17 l At surface	oelow.)	or were any beast requirements,		PEDLOVE. I)
				11. SEC., T., R., M., OR SURVEY OR ARE	BLR. AND
00				SURVEI OR ARE	A 14. 6 4
2310 FSLY	660 FWL Sec. 8 (U	NITL NW45W4) w whether DF, RT, GR, etc.)		8-18-2	NMPM
	AU. SERVITORE (SHOW	curer pr, nt, un, evu.)		EDDY	18. 87478 N.M.
	Ch. J. A D T !	Laterac Ni e ZAL e B			11.171
•		ndicate Nature of Notice, Repo			
	NOTICE OF INTENTION TO:		TO THE TOTAL CO.	DENT REPORT OF:	
FRACTURE TREAT	PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF	<u> </u>	RBPAIRING	
SHOOT OR ACIDIZE	ABANDON*	FRACTURE TREATMS		ALTERING O	
REPAIR WELL	CHANGE PLANS	(Other)			
(Other)		Completion of	Recompl	of multiple completion letion Report and Log fo	rm.)
. DESCRIBE PROPOSED proposed work, nent to this work	OR COMPLETED OPERATIONS (Clearly state If well is directionally drilled, give subs	all pertinent details, and give pertine surface locations and measured and tr	nt dates, ue vertica	including estimated da il depths for all marker	te of starting ar
The function to ear	laving of road unence with wee be mo	l é location inthe neur ned on as,	fi fo	s erpec eture. n as	tel
availle	rale.				
	•			٠ .	
				RECEIV	EU
				JUL-27	3/A
				a aroungical	SURVEY
/	7 ~			ARTESIA, NEW	MEXICO
8. I hereby certify th	at the foregoing is true and correct			Mr. za)	
X		TLE ADMINISTRATIVE ASSIST	FAXIT	1111	1 107
SIGNED	/	ITLE DOMINIO HANTIAE MOSIS	VIT	_ DATE UUL	1 19/4
(This space for Fe	ederal or Stay office use)	- 	RATIONS		
APPROVED BY	BOOVED T	APPROVAL IS RESCINDED IF OPE	NTHS.	DATE	
35 RET A)					
v //	APPROVAL, IF ANY:	NOT COMMENCED WITHIN 5			
	JUL 8-1974 ARE	APPROVAL IS RESCINDED IF OPENING NOT COMMENCED WITHIN 3 MORES OF STREET	·		
Sy X	JUL 8 - 1974 ARE EXPL	NOT COMMENCED WITHIN 5 NOT COMMENCED WITHIN 5 RES OCT 8 1974 Instructions on Reverse Side			
	JUL 8 - 1974 ARE EXP	RES	•		