			<i>p</i>		→
Form 9-331 (May 1963)	UNITED STAT	SUBMIT IN TRIPLICATION (Other instructions		ATE* Form	a approved. et Bureau No. 42-R142
	DEPARTME OF THE		verse side)		GNATION AND SERIAL NO.
SIII	NDRY NOTICES AND RE		Vi/CLLC	6. IF INDIAN,	ALLOTTEE OR TRIBE NAME
(Do not use th	dis form for proposals to drill or to dee Use "APPLICATION FOR PERMIT-	pen or plug back t " for such propose	on different reservoir.		
1. OIL GAS			BORIME	7. UNIT AGREE	MENT NAME
WELL WELL 2. NAME OF OPERATOR		<u>\</u> p)	FIGETA E	8. FARM OR LE	SI H
AMOCO PROD	UCTION COMPANY	DV.	1 0 1075	MIDNES	TN Federal
BOX 367. A	or MDREWS, IEXAS 79714	•	MAK-T 0 131 C	9. WELL NO.	2
4. LOCATION OF WELL See also space 17 be	(Report location clearly and in accordan	ice with any State	recationed CAL SU	10. FIELD AND	POOL, OR WILDCAT
At surface	,	t -	OBBS, NEW MEY		mn
	1000 = 111		051 011/	11. SEC., T., R., SURVEY	M., OR BLK. AND OR AREA
	1980 FWL Sec 25 (U	•	SE/4 SW/4)	25-9-	33
14. PERMIT NO.	15. ELEVATIONS (Sho		R, etc.)	12. COUNTY OR	2122
16.				LEA_	INM
Check Appropriate box to indicate Nature of Notice, Report, or O					•
TEST WATER SHUT-				SSEQUENT REPORT OF:	
FRACTURE TREAT	OFF PULL OR ALTER CASING MULTIPLE COMPLETE	ļģ	WATER SHUT-OFF FRACTURE TREATMENT		IRING WELL,
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDAZING		DONMENT*
REPAIR WELL	CHANGE PLANS		(Other) Report res	sults of multiple comp	
(Other) 17. DESCRIBE PROPOSED (OR COMPLETED OPERATIONS (Clearly state of well is directionally drilled, give sub-	all pertinent deta	Completion or Reco	ompletion Report and	Log form.)
proposed work, l nent to this work.)	if well is directionally drilled, give sub	surface locations a	nd measured and true ve	ertical depths for all	narkers and zones perti
Mulan	rut in 9-74				
"TI LUC DI	UU 1010 9-14		•	•	and the second s
4. 4					· -
anecon	omical to pro	auce.			
20 rema	un in 5-I st	atus 1	pendina	de and le	es.
PACADILAT		0.0)	factor	
waena	ion or possible	ce Par	/ •	•	• •
	_			÷	•
NECLICON	expected by	5-75			•
			-		e de la companya de l
		This appr	oval of temporar	ryman	
		abando	nment expires	MIRIT (19)	<u> 1</u> 6 -
					•
8. I hereby certify that	he foregoing is true and correct	A D \$ 415.11 C 3	RATIVE ASSISTAN	<u> </u>	,

TITLE (This space for Federal of State office use) TITLE _ DATE

0+4 USGS- H 1-DIV

1-505 P

1- RRY

*See Instructions on Reverse Side