	C	OPY 10 0. C. C.
DEPARTMEN.	D STATES SUBMIT IN TRIPI OF THE INTERIOR (Other instructions verse side) GICAL SURVEY	
(Do not use this form for proposals to dri Use "APPLICATION FO	ND REPORTS ON WELLS Il or to deepen or plug back to a different reservol R PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTE OR TRIBE NAME
OIL GAS WELL OTHER 2. NAME OF OPERATOR		7. UNIT AGREEMENT NAME
Amoco Production Company		MYERS B Jed R/A A
3. ADDRESS OF OPERATOR BOX 68, HOBBS, N. M. 88240		9. WELL NO.
4. LOCATION OF WELL (Report location clearly and See also space 17 below.) At surface	in accordance with any State requirements.*	FOULER UPPER YES
557 FSL x 557 FEL Sec	(Unit P, SE/4 SE/4)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 9-24-37 NMPM
	ATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
_	B 266 R.D.B e Box To Indicate Nature of Notice, Repo	LEA N.M.
NOTICE OF INTENTION TO:		fl, or Other Data Subsequent report of:
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) PULL OR AL MULTIPLE OF ABANDON® CHANGE PLA	SHOOTING OR ACIDIZ	REPAIRING WELL.
acidised person	Clearly state all pertinent details, and give pertinent de	vertical depths for all markers and zones perti-
production.		
after - Pmp 60 B	OX 75 BW X100 MCFC OX 36BLWX 56BNW X10X	T/DAY.
	- " CERCACA CENTRO X70X	MERCY DAY.
TD- 10568	OC- 12-27-7	?
PBD- 5611'	COMP- 1-2-7	受験が全体 しんしん
PERFS: 5434-5568' VARIOUS		
5% CSA 10567		
8. I hereby certify that the foregoing is true and c		
SIGNED	TITLEAREA SUPERINTENDENT	DATE 1-2-73
(This space for Federal or State office use)	· ·	
APPROVED BY	TITLE	FPTED FOR RECORU

*See Instructions on Reverse Side

5 13/3 JAN

HOBBS, NEW MEXICO