

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE STATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-31424.

*Inspected 4-12-73 PJF/dc
BVM/S*

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. I-89-IND-57
2. NAME OF OPERATOR Eastern Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe
3. ADDRESS OF OPERATOR P.O. Box 226, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME Navajo Table Mesa
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2420 FNL 2420 FEL SW NE		8. FARM OR LEASE NAME Navajo Table Mesa
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5384 GL	9. WELL NO. #13
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Table-Mesa Dakota
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 3, T27N, R17W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Set the following plugs:

Dakota	1351-1235	w/16sx
Top Plug	0-10	w/3sx

Erected a 4'4" marker and location is ready for inspection.
Csg. will not be altered.

APPROVED

APR 12 1973

R. J. McGRATH

DISTRICT ENGINEER

RECEIVED

FEB 15 1973

U. S. GEOLOGICAL SURVEY

I hereby certify that the foregoing is true and correct

SIGNED *[Signature]* TITLE Vice President DATE 2-12-73

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: