

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-57

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribe

7. UNIT AGREEMENT NAME

8. NAME OF LESSEE

Navajo Table Mesa

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Table Mesa - Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 34, T28N, R17W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

1.

OIL ☒ GAS ☐
WELL ☒ REPAIR ☐ OTHER ☐

2. NAME OF LESSEE

Eastern Petroleum Company

3. ADDRESS OF OPERATOR

Box 291, Carmi, Illinois 62821

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1650 FSL, 1650 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5314

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

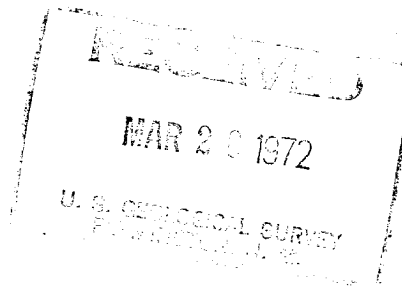
(Other)

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

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 perti-
nent to this work.)*

Plugged well as per request submitted 11-09-71.

1. Set plug 1400 to 1300 ft. - 100 sk
2. Set plug 800 to 525 ft. - 80 sk.
3. Surface plug 0 - 100ft. - 100 sk.
4. Erect a 4" X 4 ft. marker and clean up location.



18. I hereby certify that the foregoing is true and correct

SIGNED

Robert G. Gully

TITLE

Vice President

DATE

3-23-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side