UNITED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on re-

SUBMIT IN TRIPLICATE.

		Budget	Bure	u l	٧o.	42-R	142
5.	LEASE	DESIGN	ATION	ANI	81	RIAL	NO.
	I-8	9-IN	ID-5	6			/

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Form approved.

San Juan

New Mexico

G	FOL	.OGI	CAL	SUR	/EY	

SUNDRY	NOTICES	AND	REPORTS	ON	WFIIS

(Do not use this form for p Use "API	proposals to drill or to deep PLICATION FOR PERMIT—	pen or plug back to a different reservoir. " for such proposais.)
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Use "AP	PLICATION FOR PERMIT—" for such proposals.)	Navajo Tribe
OIL SEE SAS OTH	ER	7. UNIT AGREEMENT NAME
2. NAME OF GLERATOR Eastern Petroleum		8. FARM OR LEASE NAME Navajo
3. ADDRESS OF OPERATOR P. O. Box 226, Fa	rmington, New Mexico 87401	9. WELL NO. #2
4. LOCATION OF WELL (Report local See also space 17 below.) At surface	tion clearly and in accordance with any State requirements.*	10. FIELD AND POOL, OR WILDCAT Rattlesnake-Dakota
330/N; 330/4	\checkmark	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	Sec.1,T29N,R19W

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

5366KB

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*	X
REPAIR WELL	1]	CHANGE PLANS		(Other)		
(Other)			!I	(Note: Report results of multi Completion or Recompletion Re	iple completion on Well	

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.)*

Set the following plugs:

Dakota "A" Bench Top Plug

w/35sxw/6sx

Errected a 4'4" marker and location is ready for inspection.



18. I hereby certify that the foregoing is frue and correct		
SIGNED Kolent (Cilly	TITLE Vice President	DATE
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE