(May 1963) UNITED STATES DEPARTMENT OF THE INT	SUBMIT IN TRIPLICATE* Form approved. ERIOR (Other instructions on reverse side)
GEOLOGICAL SURVEY	
	1_89_ TNO_56
SUNDRY NOTICES AND REPORT	S ON WELLS
(Do not use this form for proposals to drill or to deepen or p Use "APPLICATION FOR PERMIT—" for st	and back to a different reservoir.
OIL CAS	Navajo Tribe 7. UNIT AGREEMENT NAME
NAME OF OPERATOR	
Eastern Patrolaum Company	8. FARM OR LEASE NAME
ADDRESS OF OPERATOR	Nava jo
P. O. Box 291 Carmi Illianic Cons	9. WELL NO.
P. O. Box 291 Carmi, Illinois 6782 LOCATION OF WELL (Report location clearly and in accordance with See also space 17 below.)	any State requirements. 10. FIELD AND POOL, OR WILDCAT
1980 feet from the North line and la West line.	Rattlesnake-Dakota 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
PREMIT NO.	Son T TODALOTON
15. BLEVATIONS (Show whethe	r DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE
2375 Graund	San Juan New Mex.
Check Appropriate Box To Indicate	Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT HEFORT OF
TEST WATER SHUT-OFF PULL OR ALTER CASING	
FRACTURE TREAT MULTIPLE COMPLETE	DESCRIPTION WILL
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING ABANDONMENT*
REPAIR WELL CHANGE PLANS (Other)	(Other)
	(Nors: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
proposed work. If well is directionally drilled, give subsurface lonent to this work.)*	Completion or Recompletion Report and Log form.) ent details, and give pertinent dates, including estimated date of starting any cations and measured and true vertical depths for all markets and zones perti-
Top Dakota ss. at 813 feet. Surface	THE STATE OF THE S
biolitums desilent to the	The section of the se
the Dakota sandstone were tight or	995 feet. All three benches of
cemented-3 7/8*-857 to995 and 60 puri	ster wat. 4½" pipe at 357, but not
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with legal data attached, clean up lo	ocation and fill in pite.
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hereby certify that the foregoing is true and correct	
IGNED K > JUNE	Karlos Was To It would
TITLE	DATE :/ 102/X /16/
This space for Federal or State office use)	
PPROVED BY TITLE	
ONDITIONS OF APPROVAL, IF ANY:	ĎATRI S D D D
Cka(