

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-56

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Nava jo

9. WELL NO.

20

10. FIELD AND POOL, OR WILDCAT

Rattlesnake-Dakota

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

Sec. 1-29N-19W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1.

OIL WELL ☐ GAS WELL ☒ OTHER Dry Hole

2. NAME OF OPERATOR

Eastern Petroleum Company

3. ADDRESS OF OPERATOR

P. O. 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

660' FNL; 330' FWL

14. PERMIT NO.

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

5366 Gr.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

FULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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☐(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.)\*

7" surface casing @ 17' w/5 sax - 4½" set at 805' w/18 sax.

Top of Dakota 805' - Total depth 872'.

All three benches of Dakota dry. Propose to pull 4½" and cement  
872-772 w/16 sax. Will place 10' plug in surface with 3 sax, erect  
a 4'4" steel monument with legal data attached, clean up location  
and fill pits.

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

SIGNED

TITLE

Secretary

DATE

December 18, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

12/20/69

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side