

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-56

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribe

7. UNIT AGREEMENT NAME

8. BASIS OF LEASE BASIS

Navajo

9. WELL NO.

23

10. FIELD AND POOL OR WILDCAT

Under Sal.
Rattlesnake-Dakota

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

Sec 2, T29N, R19W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

1.

OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

Eastern Petroleum Co.

3. ADDRESS OF OPERATOR

P.O. Box 291, Carmi, Ill 62821

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

At surface

2310 FSL, 2310 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, G3, etc.)

5256 GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐
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☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

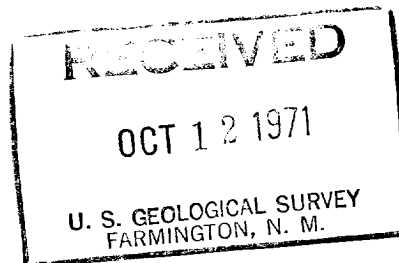
ALTERING CASING

ABANDONMENT*

(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 pertinent to this work.)*

Well completed 7-19-68 to a depth of 420 ft. Gallup formation found to be oil bearing. Well is produced on a time clock basis. Present statis - Shut - in.



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

SIGNED Robert G. Gullap

TITLE Vice President

DATE 10-07-71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side