

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. FARM OR LEASE NAME

Navajo

9. WELL NO.

#23

10. FIELD AND POOL, OR WILDCAT

Rattlesnake-Dakota

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

Sec. 2, T29N, R19W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Eastern Petroleum Company

3. ADDRESS OF OPERATOR

P. O. Box 226

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

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

5256GL

14. PERMIT NO.

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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 pertinent to this work.)*

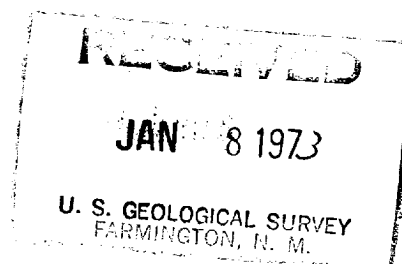
Set the following plugs:

Dakota "A" Bench
Top Plug

420-150
696-596
0-25

w/37sx
w/6sx

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



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

SIGNED

Robert C. Cullen

TITLE

Vice President

DATE

11-30-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: