

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(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.

31

10. FIELD AND POOL, OR WILDCAT

Rattlesnake-Dakota

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

Sec. 12-29N-19W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ Temporarily Abandoned

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; 1650' FWL

14. PERMIT NO.

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

5373 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) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

Temporarily Abandoned ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

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 perti-  
nent to this work.)\*

7" surface casing @ 16' with 4 sax.

Top Dakota @ 813'. Drilled to depth of 833'.

All three benches of Dakota dry.

Plan to set casing to attempt completion in the Gallup-Sanastee.

DEC 23 1969  
OIL CON. COM.  
DIST. 3

DEC 22 1969

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

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

DEC 22 1969

