

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center">(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.)</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. I-89-IND-66</p>
<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Dry Hole</p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe</p>
<p>2. NAME OF OPERATOR Eastern Petroleum Company</p>		<p>7. UNIT AGREEMENT NAME</p>
<p>3. ADDRESS OF OPERATOR P. O. Box 291, Carmi, Illinois 62821</p>		<p>8. FARM OR LEASE NAME Navajo</p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL; 360' FEL</p>		<p>9. WELL NO. 44</p>
<p>14. PERMIT NO.</p>		<p>10. FIELD AND POOL, OR WILDCAT Rattlesnake-Dakota</p>
<p>15. ELEVATIONS (Show whether DF, RT, CR, etc.) 5303 Gr.</p>		<p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2-29N-19W</p>
<p>12. COUNTY OR PARISH San Juan</p>		<p>13. STATE New Mexico</p>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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 7" surface @ 18' with 6 sax.

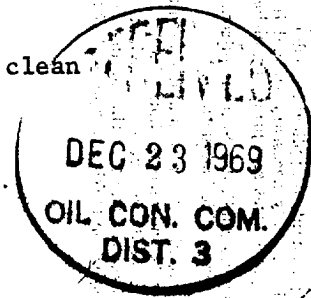
Top of Dakota ss @ 744'. Drilled to a total depth of 767'.

All Dakota formations were tight and dry.

Propose to plug 767-667 with 16 sax cement.

Will cement plug 10'-0'.

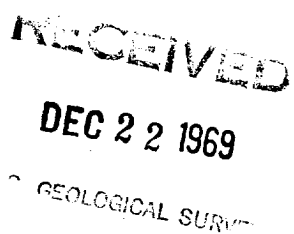
Will erect 4'4" steel marker with legal data attached, clean up location and cover pits.



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

SIGNED <u><i>[Signature]</i></u>	TITLE <u>Secretary</u>	DATE <u>December 18, 1969</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side



[illegible]

1000 1100 1200
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