

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

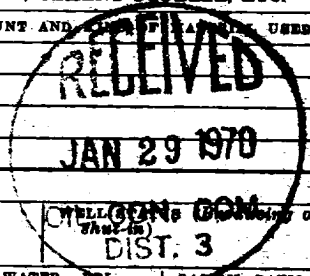
(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____										5. LEASE DESIGNATION AND SERIAL NO. I-89-IND-56	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____										6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe	
2. NAME OF OPERATOR Eastern Petroleum Company										7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 291, Carmi, Illinois 62821										8. FARM OR LEASE NAME Navajo	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 330' FWL; 360' FWL At top prod. interval reported below At total depth Same										9. WELL NO. 44	
14. PERMIT NO. _____ DATE ISSUED 6-19-69										10. FIELD AND POOL, OR WILDCAT Suttonsboro-Dakota	
15. DATE SPUNDED 6-26-69 16. DATE T.D. REACHED 7-2-69 17. DATE COMPL. (Ready to prod.) _____										11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 2-29N-19W	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5303 GR 19. ELEV. CASINGHEAD 5305										12. COUNTY OR PARISH San Juan 13. STATE New Mexico	
20. TOTAL DEPTH, MD & TVD 767 21. PLUG, BACK T.D., MD & TVD _____										23. INTERVALS DRILLED BY ROTARY TOOLS 0-767 CABLE TOOLS _____	
22. IF MULTIPLE COMPL., HOW MANY* _____										24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dry Hole	
25. WAS DIRECTIONAL SURVEY MADE Yes										26. TYPE ELECTRIC AND OTHER LOGS RUN None	
27. WAS WELL CORED No										28. CASING RECORD (Report all strings set in well)	
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
7"		24		18'		5 3/4		6 sacks		-6-	
29. LINER RECORD						30. TUBING RECORD					
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number) None						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) _____ AMOUNT AND TYPE OF ACID USED _____ None					
33.* PRODUCTION											
DATE FIRST PRODUCTION _____				PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____							
DATE OF TEST		HOURS TESTED		CHOKER SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____										TEST WITNESSED BY _____	
35. LIST OF ATTACHMENTS _____											
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records											
SIGNED <i>J. Edwards</i>				TITLE Secretary				DATE Jan. 23, 1970			

*(See Instructions and Spaces for Additional Data on Reverse Side)



INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 55.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Seals Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 23 and 24 above.)

FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS	
NAME	ELEVATION	MEAS. DEPTH	MEAS. DEPTH	NAME	ELEVATION	TRUE VERT. DEPTH
Mancos	Surface	744	744	Shale, dk. gray w/ss & ls streaks	Mancos	Surface
Dakota	744	767	767	Sandstone, white to gray - tight	Greenhorn ls	650
					Graneros	699
					Dakota	744
						Surface
						650
						699
						744

37. SUMMARY OF POROUS ZONES:
 SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES