

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. _____
5. LEASE DESIGNATION AND SURVEY NO.
I-89-IND-56
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐		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.* See also space 17 below.) At surface 1650 FNL, 330 FEL		9. WELL NO. 46
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Rattlesnake-Dakota
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5319 GLV		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2, T29N, R19W
		12. COUNTY OR PARISH 13. STATE San Juan New Mexico

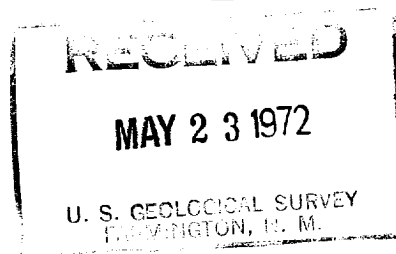
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☒	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

(Note: Report results of multiple completion on Well Completion or Recombination 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.)*

Propose to set plugs as follows:
A. 767 ft. to 638 w/110 sks.
B. 10 ft. surface plug w 10 sks.
Erect 4" X 4' marder and clean up location.
Top of Dakota 738 ft.



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

SIGNED Robert C. Dill TITLE Vice President

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____