

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-56</p>
<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Temporarily Abandoned</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 2310' FSL; 1950' FEL</p>		<p>9. WELL NO. 10</p>
<p>14. PERMIT NO.</p>		<p>10. FIELD AND POOL, OR WILDCAT Rattlesnake-Dakota</p>
<p>15. ELEVATIONS (Show whether DY, RT, GR, etc.) 5249 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"/>	PULL 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 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"/>	(Other) <input type="checkbox"/>
(Other) Temporarily Abandoned <input checked="" type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

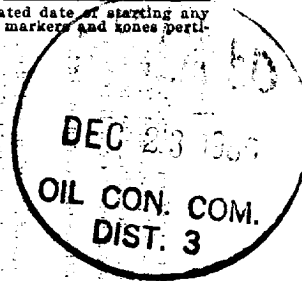
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work).*

7" sfc. set @ 15' with 3 sax
4½" casing set @ 671' with 25 sax

Spud Date - 2/15/68
T.D. Date - 2/20/68 - T.D. 694'

Plan to deepen to 3rd bench of Dakota at approximately 800'

Temporarily abandoned. If dry in 3rd bench, will pull as much pipe as possible and plug.



DEC 22 1969

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

SIGNED *J. N. Edwards* 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

