UNITED STATES SUBMIT IN TRIPLICATE DEPARTMENT OF THE INTERIOR (Other instructions on red) GEOLOGICAL SURVEY	Budget Bureau No. 42-R1424.
	5. LEASE DESIGNATION AND SERIAL NO. 1-89-IND-56
CHAIDDAY MOTICES AND DEDOCTO CALLETTE	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.)	Navajo Tribe
1.	7. UNIT AGREEMENT NAME
WELL GAS OTHER Dry Hole	1. UNIT AURENENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Eastern Petroleum Company	Navajo
3. ADDRESS OF OPERATOR	9. WELL NO.
P. O. Box 291, Carmi, Illinois 62821	29
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT
	Rattlesnake-Dakota
900' FWL; 900' FNL (NW NW)	11. SEC., T., R., M., OB BLK. AND SURVEY OR AREA
4. PERMIT NO.	Sec. 12-29N-19W
10. 220 Milons (Show whether DF, RT, CR, etc.)	12. COUNTY OR PARISH 13. STATE
5345 Gr.	San Juan New Mexi
6. Check Appropriate Box To Indicate Nature of Notice, Report, or C	Other Data
NOMEON OF COMPANY NAMED IN CO.	DENT REPORT OF:
TEST WATER SHIPPAPP	ر
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT	REPAIRING WELL
SHOOT OR ACIDIZE ABANDON* X SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT®
REPAIR WELL CHANGE PLANS (Other)	
(Other) (Note: Report results	of multiple completion on Well etion Report and Log form.)
Set 7" surface @ 18' w/5 sax.	OFFIVEN
Top of Dakota ss @ 763'. Drilled to a depth of 782'.	Aro o store
All Dakota formations tight, dry and water wet.	DEC 23 1969 OIL CON. COM.
Propose to plug with cement from 782'-682' with 16 sax cer Will plug surface 10'-0' with 3 sax. Will erect 4'4" diam steel marker with legal data attached, clean up location a	ment. DIST. 3
cover pits.	
	DEC 2 2 1969
I hereby certify that the foregoing is true and correct	
SIGNED TITLE Secretary	DATE December 18, 196
(This space for Federal or State office use)	
APPROVED BY	는 <u>[[]조</u> 의료 설립 설울병원
CONDITIONS OF APPROVAL, IF ANY:	DATE

*See Instructions on Reverse Side

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