

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

<p>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.)</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. I-89-IND-56</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 900' FWL; 900' FNL (NW NW)</p>		<p>9. WELL NO. 29</p>
<p>14. PERMIT NO.</p>		<p>10. FIELD AND POOL, OR WILDCAT Rattlesnake-Dakota</p>
<p>15. ELEVATIONS (Show whether DF, ST, CR, etc.) 5345 Gr.</p>		<p>11. SEC. T., R., M., OR BLK. AND SUBVAT OR AREA Sec. 12-29N-19W</p>
<p>16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data</p>		<p>12. COUNTY OR PARISH 13. STATE San Juan New Mexico</p>

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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"/>	
(Other) <input type="checkbox"/>			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

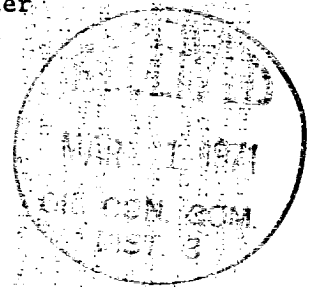
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

Set 7" surface @ 18' w/5 sax.

Top of Dakota ss @ 763'. Drilled to a depth of 782'.

All Dakota formations tight, dry and water wet.

Propose to plug with cement from 782'-682' with 16 sax cement. Will plug surface 10'-0' with 3 sax. Will erect 4'4" diameter steel marker with legal data attached, clean up location and cover pits.



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

SIGNED [Signature] TITLE Secretary DATE December 18, 1969

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 12/20/69

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side