

Born, approve
Budget Bureau

(See other instructions on reverse side.)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐		Navajo Tribe	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Eastern Petroleum Company		8. FARM OR LEASE NAME Navajo	
3. ADDRESS OF OPERATOR P. O. Box 291, Carmi, Illinois 62821		9. WELL NO. 58	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 990' ESL, 2360' FEL At top prod. interval reported below same At total depth Same		10. FIELD AND TOOL OR WHOGAT Rattlesnake-Dakota	
14. PERMIT NO.		11. SECTION, T1, R1, OR BLOCK AND SURVEY OR AREA Sec 12, 29N, 19W	
15. DATE SHIPPED 4-17-70		12. COUNTY OR PARISH San Juan	
16. DATE T.D. REACHED 4-22-70		13. STATE New Mexico	
17. DATE COMPL. (Ready to prod.) 4-22-70		14. ELEVATIONS (FEET) EST. RT. CR. ELEV. 5337 GL	
18. TOTAL DEPTH, MD & TVD 780 ft.		15. ELEV. CASINGHEAD 5338	
19. PLUG, BACK T.D., MD & TVD 780 ft.		16. INTERVALS DRILLED BY 0-780	
20. IF MULTIPLE COMPL., HOW MANY* single		17. ROTARY TOOLS 0	
21. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 767 to 780 ft.		18. WAS DIRECTIONAL SURVEY MADE yes	
22. TYPE ELECTRIC AND OTHER LOGS RUN none		19. WAS WELL CORED no	
23. CASING RECORD (Report all strings set in well)			
CASING SIZE		WEIGHT, LB./FT.	
7"		20#	
4 1/2"		9.5#	
DEPTH SET (MD)		HOLE SIZE	
15 ft.		8 1/4"	
767 ft.		6 1/4"	
CEMENTING RECORD		AMOUNT CEMENT	
4 sk.		none	
25 sk.		623 ft.	
24. LINER RECORD			
SIZE		TOP (MD)	
none			
BOTTOM (MD)		SACKS CEMENT*	
SCREEN (MD)		TUBING RECORD	
		SIZE	
		none	
DEPTH SET (MD)		PACKER SET (MD)	
25. PERFORATION RECORD (Interval, size and number)			
open hole			
26. ACID, SHOT, FRACTURE, CEMENT SQUEEZE OR DEPTH INTERVAL (MD)			
none			
27. AMOUNT AND KIND OF MATERIAL USED			
28. PRODUCTION			
DATE FIRST PRODUCTION 4-23-70		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Swab	
DATE OF TEST 4-23-70		HOURS TESTED 12 hrs.	
CHOKE SIZE 1"		PROD'N. FOR TEST PERIOD 0	
GIL—BBL. 0		GAS—MCF. TSTM	
WATER—BBL. 5 bbl.		GAS OIL RATIO 0	
FLOW. TUBING PRESS. 0		CASING PRESSURE 0	
CALCULATED 24-HOUR RATE 0		GIL—BBL. 0	
GAS—MCF. TSTM		WATER—BBL. 10 bbl.	
GAS OIL RATIO 0		TEST WITNESSED BY	
30. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) none			
31. LIST OF ATTACHMENTS Directional Survey			
32. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED Robert C. Sullivan		TITLE Vice President	
DATE 5-12-72			

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