

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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.  
See APPLICATION FOR PERMIT for such proposals.)

|   |  |  |                         |
|---|--|--|-------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>I-89-IND-56                     |                         |
| 2. NAME OF OPERATOR<br>Eastern Petroleum Company  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>Navajo Tribe                   |                         |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 226, Farmington, New Mexico 87401   |  | 7. FARM OR LEASE NAME<br>Navajo  |                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1670 FSL - 500 FWL L |  | 8. WELL NO.<br>#67   |                         |
| 14. PERMIT NO.  |  | 10. FIELD AND POOL, OR WILDCAT<br>Rattlesnake-Dakota                   |                         |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>5316 GL   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 1, T29N, R19W |                         |
|   |  | 12. COUNTY OR PARISH<br>San Juan                                       | 13. STATE<br>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 <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 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"/>         |

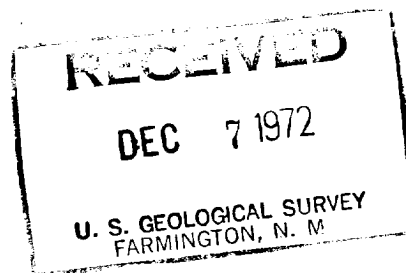
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) \*

Well to be plugged and abandoned - Will set the following plugs:

Dakota "A" Bench 726-626 w/3lsx  
Top Plug 0-25 w/6sx

Will erect a 4'4" marker and clean up location.



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

SIGNED Robert C. Kelley TITLE Vice President DATE 11-30-72

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: