

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

5. LEASE DESIGNATION AND SERIAL NO.
I-89-IND-566. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo9. WELL NO.
#20110. FIELD AND POOL, OR WILDCAT
Rattlesnake-Dakota11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 2, T29N, R19W

12. COUNTY OR
PARISH
San Juan13. STATE
New Mexico1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☒ Otherb. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

2. NAME OF OPERATOR

Eastern Petroleum Company

3. ADDRESS OF OPERATOR

P. O. Box 226, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

Same

15. DATE SPUDDED 11-20-72 16. DATE T.D. REACHED 11-27-72 17. DATE COMPL. (Ready to prod.) 11-27-72 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5296 GL 19. ELEV. CASINGHEAD 5267

20. TOTAL DEPTH, MD & TVD 840 21. PLUG BACK T.D., MD & TVD to surface 22. IF MULTIPLE COMPL., SINGLE* 23. INTERVALS DRILLED BY 0-840 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* DKA 680 DKB 750 DKD 819 25. WAS DIRECTIONAL SURVEY MADE Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN
Gamma Nuetron27. WAS WELL CORRED
NO

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7"	24	17ft.	83/4	3sx	NONE
4 1/2	9.5	820	61/4	Packer	820 ft.

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None						None	

31. PERFORATION RECORD (Interval, size and number)

OPEN HOLE

32. ACID, SHOT, FRACTURE CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
NONE	

33.* PRODUCTION

DATE FIRST PRODUCTION None PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) T & A WELL STATUS (Producing or shut-in)

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

Directional Survey

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Robert A. Gully

TITLE

Vice President

DATE

12-05-72

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