

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

EXHIBIT 10-100-1000
(Other instructions on reverse side)

Budget Bureau No. 42-11422

6. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-56

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

(Rattlesnake) Navajo

9. WELL NO.

A11 216

10. FIELD AND POOL, OR WILDCAT

Rattlesnake-Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

1,2,12-29N-19W

12. COUNTY OR PARISH OR STATE

San Juan New Mexico

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

R.A. Crane Jr.

3. ADDRESS OF OPERATOR

604 W. Pinon

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface

1850/S; 100/W

See below

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, AT, OR, etc.)

Check appropriate box to indicate nature of notice, report, or other data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

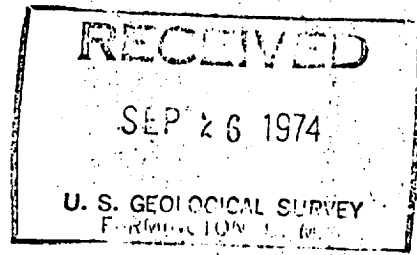
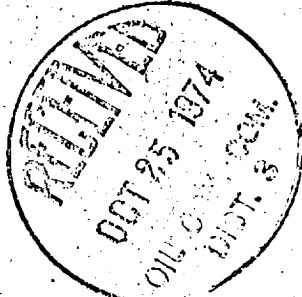
(Other)

See below

(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.)*

To change designated operator for the lease from Eastern Petroleum P.O. Box 291, Carmi, Ill., to R.A. Crane Jr. 604 W. Pinon, Farmington, N.M.



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

SIGNED

GARY S. Bink

TITLE Accountant

DATE 9/20/74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side