

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(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.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO. I-89-IND-56	
2. NAME OF OPERATOR Eastern Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe	
3. ADDRESS OF OPERATOR P.O. Box 226, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850 FSL - 100 FWL		8. FARM OR LEASE NAME Navajo	
14. PERMIT NO.		9. WELL NO. 216	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5328 GL		10. FIELD AND POOL, OR WILDCAT Rattlesnake-Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T29N, R19W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

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

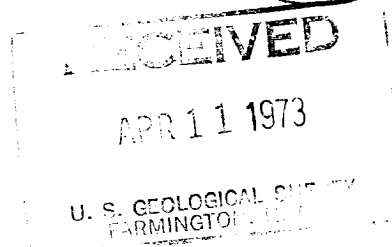
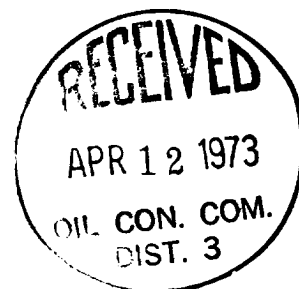
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

Dakota Sandstone was found to be water tite - Propose to set the following plugs:

Dakota	893-726	w/12 sx
Top Plug	50-0	w/12 sx

Erect 4' x 4" marker and clean up location

Note: Open hole 893 to 876 with 4 1/2" csg cemented 876 to 670



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

SIGNED

TITLE

Vice President

DATE April, 9, 1973

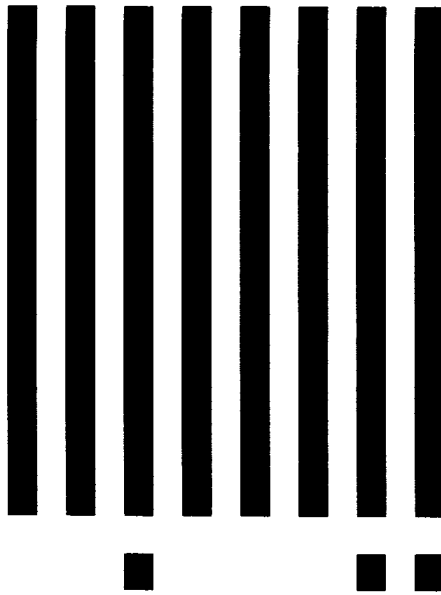
(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE



LTR



Job separation sheet

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.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-56

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo

9. WELL NO.

#216

10. FIELD AND POOL, OR WILDCAT

Rattlesnake-Dakota

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

Sec. 1, T29N, R19W

12. COUNTY OR
PARISH

San Juan

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL:

OIL WELL ☒GAS WELL ☐DRY ☐

Other

b. 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

1850 FSL - 100 FWL

At top prod. interval reported below

1850 FSL - 100 FWL

At total depth

1850 FSL - 100 FWL

14. PERMIT NO.

DATE ISSUED

15. DATE SPULDED

3-10-73

16. DATE T.D. REACHED

3-20-73

17. DATE COMPL. (Ready to prod.)

3-20-73

18. ELEVATIONS (DT, RKB, RT, GR, ETC.)*

5328

19. ELEV. CASINGHEAD

5326

20. TOTAL DEPTH, MD & TVD

893 A

21. PLUG, BACK T.D., MD & TVD

T&A

22. IF MULTIPLE COMPL.
HOW MANY*

Single

23. INTERVALS
DRILLED BY

ROTARY TOOLS

0-893

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION (TOP, BOTTOM, NAME (MD AND TVD))*

876-893

25. WAS DIRECTIONAL
SURVEY MADE

yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

no

27. WAS WELL CORED

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"	21	17.5	8 3/4	3 sx	none
4 1/2 "	9.5	876	6 1/4	20 sx	670

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

876-893

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

DEPTH INTERVAL (MD)	AMOUNT	TYPE OF MATERIAL USED
none		

33.* PRODUCTION

DATE FIRST PRODUCTION

3-20-73

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

Swab

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
3-20-73	2	2"	→	obls	TSTM	3 bls	TSTM
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
0	24#	→	obls	TSTM	36 bls		

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

none

TEST WITNESSED BY

John Cunningham

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

TITLE Vice President

DATE March 12, 1973

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

