

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved
Budget Bureau

5. LEASE DESIGNATION

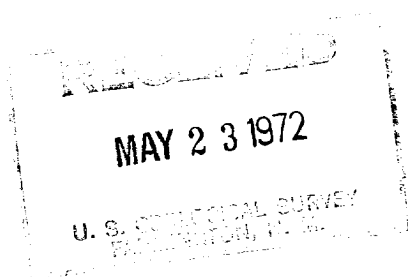
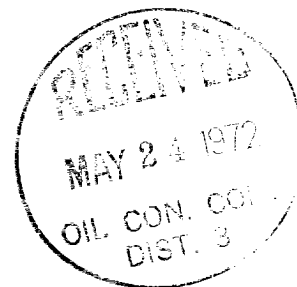
I-89-IND-56

6. IF INDIAN, ALLOCATED OR TRIBE NAME

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	7. TRIBE AGREEMENT NAME Navajo Tribe
2. NAME OF OPERATOR Eastern Petroleum Company	8. NAME OR LEASE NAME Navajo
3. ADDRESS OF OPERATOR P. O. Box 291, Carmi, Illinois 62821	9. WELL NO. 29
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. * See also space 17 below.) At surface 900' FWL, 900' FNL	10. FIELD AND POOL, OR WILDCAT Rattlesnake-Dakota
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, 29N, 19W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5345 GR.	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 ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	
SUBSEQUENT REPORT OF:	
WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
(Other) ☐	
(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.) *	

Plugged as per Sundry Notice dated 12-18-69.
Erected 4 ft. marker and cleaned up location.

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

SIGNED

Robert C. Bellis

TITLE Vice President

DATE 5-15-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side