

(May 1963)

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(Other instructions on reverse side)

5. 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.

All

206

10. FIELD AND POOL, OR WILDCAT

Rattlesnake-Dakota

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

1, 2, 12-29N-10W

12. COUNTY OR PARISH 13. 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 1900/5; 730/E

See below

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RI, OR, etc)

Check appropriate box to indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

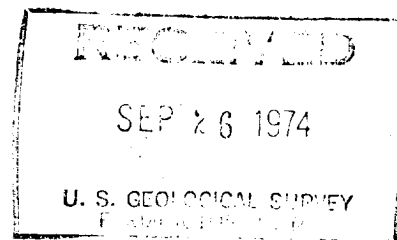
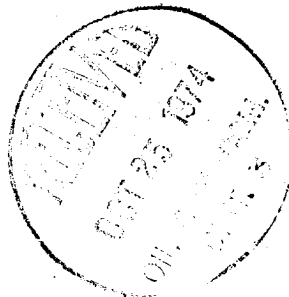
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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 _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side