Form 9-331 (May 1963)

UNITED STATES DEPARTMENT OF THE INTERIOR (Other the three side)

GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other justicutions on re-

Form approved. Budget Bureau No. 42-R1424 5. LEASE DESIGNATION AND SERIAL NO. T_89_TMD_56

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-	6 TE	TNUTAN	ALLOTTER	OP	TRIBE	NAME

SUNDRY NOTICES AND REPORTS ON WELLS	6. IF INDIAN, ALLOTTEE C	
(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.)	Navajo Tribe	
OIL X GAS OTHER	7. UNIT AGREEMENT NAM	
NAME OF OPERATOR	8. FARM OR LEASE NAME	

Eastern Petroleum Company 9. WELL NO. ADDRESS OF OPERATOR P. O. Box 226, Farmingotn, New Mexico 87401 #1 LOCATION OF WELL (Report location clearly and in accordance with any State requirements • See also space 17 below.)
At surface 10. FIELD AND POOL, OR WILDCAT

500 FSL - 1830 FEL

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. 5281 GL

Rattlesnake-Dakota

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

Sec.35, T30N, R19W 12. COUNTY OR PARISH | 13. STATE

New Mexico San Juan

16.

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:		
PRACTURE TREAT SHOOT OR ACIDIZE PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING ABANDONMENT* X		
(CHANGE PLANS (Other)	(Other) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

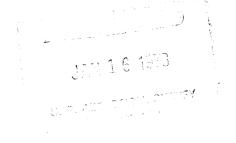
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

Set the following plugs:

754-869 w/23sxDakota 0-10 w/3sx Top Plug

Errected a 4'4" marker and location is ready for inspection.





18. I hereby certify that the foregoing is true and correct		
SIGNED Athen a Comment of the state of the s	Vice President	DATE
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE