

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

EXPIRES AUGUST 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(Do not use this form for proposals to drill or to deepen or plug back to different reservoirs.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		87 JUL 10 AM 10:34	
2. NAME OF OPERATOR Solar Petroleum, Inc.		FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	
3. ADDRESS OF OPERATOR 1099 18th St. Suite 2900 Denver, Co. 80202		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 Sec 3 T31N R17W 560 FSL 660 FWL		8. FARM OR LEASE NAME Navajo Tribe of Indians F	
14. PERMIT NO.		9. WELL NO. 110	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5259 GR		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup - Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 3 T31N R17W	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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"/> Convert injector to producer	

(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.) *

6-1-87 thru 6-12-87

Had to mill out packer. Could not recover all of packer. Milled approx 18" of packer. Left junk in hole @ 945'. Pulled tbg, collars & mill. Ran 28 jts 2 3/8" tbg. w/ SN, set at 896', insert pump, rods, hung well on 6-12-87.

RECEIVED
JUL 14 1987
OIL & GAS DIV.
BUREAU OF LAND MANAGEMENT

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

SIGNED Maria O'Keefe TITLE Engineering Technician
(This space for Federal or State office use)

DATE 6-29-87

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 6-30-87

FARMINGTON RESOURCE AREA

BY JMM

*See Instructions on Reverse Side

NMOCC