

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Expires August 31, 1985

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"/>	5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2034
2. NAME OF OPERATOR Solar Petroleum, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo <i>Tribal</i>
3. ADDRESS OF OPERATOR Suite 2900, 1099-18th Street, Denver, Colorado 80202-1999	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 660' fSL & 1980' fWL C SE $\frac{1}{4}$ SW $\frac{1}{4}$	8. FARM OR LEASE NAME Navajo Tribe of Indians "F"
14. PERMIT NO.	9. WELL NO. 131
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5285' GR	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 3-31N-17W
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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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 type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input checked="" 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.)\*

This is to request an extension of the shut in period for the captioned well.  
This well was shut in May 2, 1988. Under current market conditions, it is uneconomical to operate.

RECEIVED  
AUG 08 1988  
OIL CON. DIV.  
DIST. 3

MAR 01 1989

THIS APPROVAL EXPIRES \_\_\_\_\_

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

SIGNED *Stephanie L. Huntington*  
Stephanie L. Huntington  
(This space for Federal or State office use)

TITLE Engineering Technician

DATE July 29, 1988

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCC

DATE AUG 04 1988

FARM NO. \_\_\_\_\_

\*See Instructions on Reverse Side