

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BUDGET BUREAU NO. 1004-0135
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"/>		2. NAME OF OPERATOR Solar Petroleum, Inc.		3. ADDRESS OF OPERATOR Suite 2900, 1099-18th Street, Denver, Colorado 80202-1999		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' fNL & 660' fEL		5. ELEVATIONS (Show whether DF, RT, GR, etc.) 5299' GR		6. LEASE DESIGNATION AND SERIAL NO. 14-20-603-65		7. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal		8. UNIT AGREEMENT NAME		9. FARM OR LEASE NAME Navajo Tribe of Indians "M"		10. WELL NO. 302		11. FIELD AND POOL, OR WILDCAT Horseshoe Gallup		12. SEC., T., R., M., OR BLM. AND SURVEY OF AREA Section 5-31N-17W		13. COUNTY OR PARISH San Juan		14. STATE NM	
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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 COMPLETION <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) <u>Casing Integrity Test Attempt</u> <input checked="" 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.)*

8/15/88 - MIRU. Standby for electrician to come out and disconnect lightning arrestor grounding out the pumping unit. Stripped rods, pump & tubing out. TIH w/ scraper & tubing to 1086'. Circ'd well clean. TOH. TIH w/packer & tubing. Set pkr @ 1080'. Test failed: 1000 psi starting pressure bled to 900 psi in 5 minutes. SDFN.

8/16/88 - Unseated packer, pulled 10 jts out, re-set packer @ 780', press. test: 1000 psi starting pressure bled to 980 psi. Added 5 jts, re-set packer @ 930', test failed. Re-set packer @ 868', test failed. Re-set packer @ 835', test failed. Hole between 835' & 780'. Pulled tubing & packer. LD. RD and moved off location. Shut in per BLM orders until repaired or plans to plug are finalized.

Currently evaluating repair costs versus plugging costs.

RECEIVED
SEP 06 1988
OIL CON. DIV.
DIST. 2

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

SIGNED Stephanie H. H. H.
Engineering Technician
(This space for Federal or State office use)

TITLE Engineering Technician

DATE 8/25/88
ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE SEP 01 1988

UNRECORDED

FARMINGTON RESOURCE AREA
BY SPM

*See Instructions on Reverse Side