

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 formation.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection Well		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2033	
2. NAME OF OPERATOR Solar Petroleum, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal	
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 805' fNL & 1940' fEL (SEWNNE)		8. FARM OR LEASE NAME Navajo Tribe of Indians "G"	
14. PERMIT NO.		9. WELL NO. 215	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5429' GR, 5436' DF		10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 2-31N-17W	
		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 checked="" type="checkbox"/> Casing Integrity	

(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.)*

7/29/88 - MIRU. Unseated pkr. Tightened wellhead where threads were leaking. Tried to circulate treated water with no success. Re-set pkr & packed wellhead. Pressured casing up to 1000 psi starting pressure, ending pressure 960 psi, 40 psi bleed off in 15 minutes. Waited for BLM representative - did not show up. RD & moved to yard. SDFN.

8/1/88 - Test approved by Mark Philiber of the BLM.

RECEIVED
AUG 17 1988
OIL CON. DIV
DIST. 2

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

SIGNED Stephanie L. Huntington TITLE Engineering Technician DATE 8/4/88
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE AUG 12 1988
CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY Shm