

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"/>	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>Tribe</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 1200' fNL & 1410' fEL	8. FARM OR LEASE NAME Navajo Tribe of Indians "F"
14. PERMIT NO.	9. WELL NO. 148
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5221' GR	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 9-31N-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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Casing Integrity Test Attempt <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.)*

8/19/88 - RU. Pulled rods & pump. Pulled tbg & SN. TIH w/tbg & scraper to 933'. Circ well clean. TOH. TIH w/pkr, set pkr @ 900'. Pressured casing up to 1000 psi, failed. Pulled up to 760', failed. Pulled up to 625', failed. TOH w/rest of tbg & LD. RD & moved to yard.

Currently evaluating repair costs versus plugging costs.

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

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

ACCEPTED FOR RECORD
8/25/88

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE SEP 01 1988

NMCCC

FARMINGTON RESOURCE AREA

BY *Smm*

*See Instructions on Reverse Side