

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

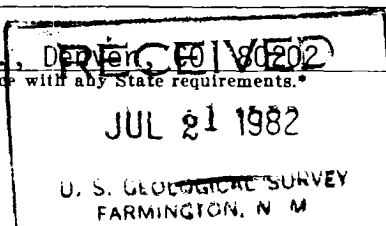
SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 'F'	
3. ADDRESS OF OPERATOR One Denver Place #1300, 999 18th St., 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 2630' FNL & 10' FEL		8. FARM OR LEASE NAME Horseshoe Gallup	
14. PERMIT NO.		9. WELL NO. 155	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5210' GL		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 9-31N-17W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	



16. 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"/>	

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 checked="" type="checkbox"/>
(Other) <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.)*

7/15/82 Ran 21 joints 5½", 15.5# K-55 casing (tallied @ 906') set @ 890' GL, or 894'KB. Cemented with 120 sx 65:35 POZ followed by 75 sx Class 'B' w/ 2% CaCl₂. Good returns, circulated approximately 9 bbls cement Plug Down @ 1pm, 7/14/82. 1 centralizer on bottom collar, one centralizer every-other collar for a total of 5 centralizers.

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

SIGNED Sherwin Artus

TITLE Vice President

DATE July 19, 1982

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

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