F	orm	9-331	
	Mar	1963	١

UNITED STATES SUBMIT IN TRIPLICATE® (Other Instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND BERIAL NO.

14-20-603-2034 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

GE	EOLO	OGIO	CAL	SU	RVEY			
						_	 	_

SUNDRY NOTICES AND REPORTS ON WELLS (I)o 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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo 'F'

WE'L X 2. NAME OF OPERATOR

SOLAR PETROLEUM, INC. 3. ADDRESS OF OPERATOR

GAS WELL

9. WELL NO.

One Denver Place #1300, 999 18th St.

10. FIELD AND POOL, OR WILDCAT

LOCATION OF WELL (Report location clearly and in accordance See also space 17 below.)
At surface 1100' FSL & 2630' FEL

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

U. S. GEDHUMBAL GURVEY FARMINGTON, N. M.

Horseshoe Gallup 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5207 GL

10-31N-17W 12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

14. PERMIT NO.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

OTHER

PULL OR ALTER CASING

MULTIPLE COMPLETE

SUBSEQUENT REPORT OF:

REPAIRING WELL ALTERING CASING

ABANDON* CHANGE PLANS FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) _SPUD

WATER SHUT-OFF

ABANDONMENT*

(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.) * (Other)

SPUDDED 5am, U.S.G.S. contacted by phone. 7/16/82



The foregoing true and correct				
18. I hereby ertificial the foregoing true and correct	TITLE _	Vice President	DATE _	July 19, 1982
(This space for Federal or State office use)				
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE _		- Indepted t	TOR KECORD

*See Instructions on Reverse Side

NMOCC

JUL 20 1992

FARMINISTON DISTRICT