

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
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. 14-20-603-2033
2. NAME OF OPERATOR Solar Petroleum, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal
3. ADDRESS OF OPERATOR 1099 18th St Suite 2900 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 1330 FSL 1310 FWL	8. FARM OR LEASE NAME Navajo Tribe of Indians G
	9. WELL NO. 227
	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup-Gallup Sand
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA T31N R17W Sec 11
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether OF, BT, OR, etc.) 5154 GL	13. STATE New Mexico

RECEIVED

AUG 01 1986

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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>

(Other) Plug and Abandon

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 type="checkbox"/>

(Other) \_\_\_\_\_  
(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.)\*

Surf csg: 8 5/8" @ 86' GL cmt'd w/ 60 sx. Prod csg: 5 1/2" @ 912 GL cmt'd w/ 195 sx.  
Perfs: 912-928.

We request approval to plug and abandon this well. The approved TA status will expire 8-14-86. We can not return this well to a functional well due to uneconomic conditions. The well was TA'd on 8-13-84 as follows:

Tagged TD @ 928'. Pulled tbg w/12' pump barrel. Ran tbg to 913'. Mixed and pumped 25 sx cmt w/ con corrosive fluid. Pulled 9 jts tbg out to 622'. Mixed 9.2 mud and circulated to surf. Pulled 10 jts tbf to 291'. Mixed and pumped 25 sx cmt to surf. Pulled tbg and capped well.

We plan to check surf plug and if it has slipped we will re install new plug. Further, we will install dry hole marker and clean area around location.

Orig & 2cc BLM-Farmington, 2cc to forward to NMOCD-Aztec N.M. after approval & 1cc Indian

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

SIGNED [Signature]  
(This space for Federal or State office use)

TITLE Engineering Technician

DATE 7-30-86

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side