

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>Tribal</i>
3. ADDRESS OF OPERATOR Suite 2900, 1099-18th Street, Denver, CO 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 1330' fNL & 2630' FWL	8. FARM OR LEASE NAME Navajo Tribe of Indians "F"
14. PERMIT NO.	9. WELL NO. 158
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5305' GL	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 4-31N-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 PLANE <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.)\*

We request a further extension of the shut in period. This well was shut in February 1, 1988. Under existing market conditions, it is still uneconomical to produce at this time.

RECEIVED

SEP 06 1988

OIL CON. DIV  
DIST. 3

SEP 01 1988

THIS APPROVAL EXPIRES

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)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMDCG

\*See Instructions on Reverse Side

APPROVED

DATE 7/25/88

SEP 01 1988  
DATE

*John Skelton*  
AREA MANAGER  
FARMINGTON RESOURCE AREA