

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 Tribal	
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 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:

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 type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Casing Integrity Test	

(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.)*

8/16/88 - MIRU. Pulled rods & pump. Circ'd tbg clean. Pulled tbg out part way. Rig broke down. SDFN - waiting on parts.
8/17/88 - Pulled rest of tbg out. Ran scraper to 1100'. TOH. Ran packer & set @ 1100'. Pressured up, tubing leaking. Circ'd hole clean & SDFN. WO hot oiler.
8/18/88 - Hot oiled tbg & dropped standing valve. Pressure tested - held okay. Pressured up on casing - failed. Pulled up to 924' - failed. Pulled up to 774' - failed. Pulled tbg & pkr out. Standing by for packer people. Consulted with them & turned packer upside down & ran it. Set packer @ 1055'. Pressured casing up to 1000 psi, bled off to 985 psi in 15 minutes. Passed. TOH w/pkr. TIH w/tbg & SN. Shut well in. RD & moved off location.

RECEIVED
SEP 06 1988
OIL CON. DIV
DIST. 3

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

SIGNED Stephanie L. Huntington
Stephanie L. Huntington

TITLE Engineering Technician

DATE 8/25/88

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE SEP 31 1988

NMOCC

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY Sm

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Formal 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marmac Petroleum Company	
Address 2120 So. Holly, Suite 207; Denver, Colo. 80222	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner: Solar Petroleum Inc., 1099 18th St., Suite 2900; Denver, Colo. 80202-1999

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribe of Indians 'F'	Well No. 158	Pool Name, including Formation Horseshoe Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. 14-20-603-2034
Location Unit Letter <u>F</u> , <u>1330</u> Feet From The <u>North</u> Line and <u>2630</u> Feet From The <u>West</u> Line				
Line of Section <u>4</u>	Township 31N	Range 17W	County San Juan	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

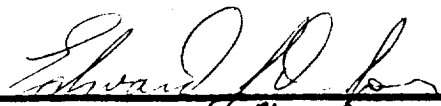
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Ciniza Pipe Line Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1887; Bloomfield, N.M. 87413
Name of Authorized Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge. D, 10, 31N, 17W
Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number: R-1847

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.



(Signature)
Production Manager

(Title)
10/7/88

(Date)

OIL CONSERVATION DIVISION

APPROVED Smith, J. Chang, 18
BY _____
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1184.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.