

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-30424.

6. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2034

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribe of Indians 'F;

9. WELL NO.

159

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

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

Sec. 4, T31N-R17W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

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 ☒ GAS ☐ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

SOLAR PETROLEUM, INC.

3. ADDRESS OF OPERATOR

999 - 18th Street, #1300, Denver, CO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with app. State requirements.
See also space 17 below.)
At surface

2630' FSL & 1330' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, CR, etc.)

5282' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐FULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) — OCTOBER ACTIVITIES ☒REPAIRING WELL ☐ALTERING CASING ☐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 perti-
nent to this work.)

WAITING ON FRAC

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

SIGNED David O. KeefeTITLE Engineering TechnicianDATE 11 2 83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE _____

NOV 15 1983

OPERATOR

*See Instructions on Reverse Side

NMOC

FARMINGTON RESOURCE AREA

BY JMM