

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other Instructions on reverse side)

Form 9-1981  
Bureau of Land Management No. 42-10424

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 ☒ GAS WELL ☐ OTHER ☐

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 any 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

6. LEASE IDENTIFICATION AND SERIAL NO.  
14-20-603-2034

7. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Navajo Tribal

8. UNIT AGREEMENT NAME

9. FARM OR LEASE NAME  
Navajo Tribe of Indians 'F'

10. WELL NO.  
159

11. FIELD AND POOL, OR WILDCAT  
Horseshoe Gallup

12. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 4, T31N-R17W

13. COUNTY OR PARISH  
San Juan

14. STATE  
New Mexico

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"/> | WATER SHUT-OFF        | <input type="checkbox"/>            |
| FRACTURE TREAT          | <input type="checkbox"/> | FRACTURE TREATMENT    | <input checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/>            |
| REPAIR WELL             | <input type="checkbox"/> | REPAIRING WELL        | <input type="checkbox"/>            |
| (Other)                 | <input type="checkbox"/> | ALTERING CASING       | <input type="checkbox"/>            |
|                         |                          | ABANDONMENT*          | <input checked="" type="checkbox"/> |

(Other) NOVEMBER ACTIVITIES

(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.)\*

11-11-83 Frac'd OH 1089-1121 dwn csg w/ 11,000 gal cross linked gel & 17,000#'s 20-40 sd. Max sd conc 8# gal BD 1300, max frac press. 1110, avg press 1000. Max rate 25.7 BPM, avg rate 25.3 BPM. Flushed w/ 25 bbls gel. Left 139' of 8#/gal in resg. 288 load to recover.

11-13-83 Rec all load

11-14-83 Well began making sand. Shut ck back, sd stopped flowing. Tst tank 1 1/2 hrs. fluid 23 bbls. 15% oil. Turned back to flowline.

11-15-83 RU to swab, swabbed well to pit, rec no sand. SDFN.

11-21-83 173 BF - 8% OC.

RECEIVED  
DEC - 1983

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

SIGNED Maria O'Keefe  
(This space for Federal or State office use)

TITLE Eng. Tech

ACCEPTED FOR RECORD 11-30-83

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DEC 06 1983

OPERATOR

FARMINGTON RESOURCE AREA  
BY SMW

\*See Instructions on Reverse Side

NMOCC