

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.
6. LEASE DESIGNATION AND SERIAL NO.

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR SOLAR PETROLEUM, INC.		8. FARM OR LEASE NAME Navajo Tribe of Indians' F
3. ADDRESS OF OPERATOR 999 - 18th Street, #1300, Denver, CO 80202		9. WELL NO. 164
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1330' FNL & 1310' FWL		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
14. PERMIT NO. 6		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T31N - R17W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5243' GR		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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"/>		<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 type="checkbox"/>	Spud & Casing & Core	<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.)*

Change well name from Miraget

9/15/83 MIRU Spudded @ 5:00p.m. 9/14/83

RU & rn 2jt 8 5/8" 24# K-55 sfc. csg. W/HOWCO guide shoe,
1 cent. 10' up. Set @ 90.25' - 2.5' below GL Cmtd W/5bbl.
wtr pre flush, 70sxs. Type B 2% CaCl & 1/4# flocele/sx.
Gd. cmt returns PD @ 2:45a.m.

9/17/83 RR Rn 22 jts. 5 1/2" 15.5# J-55 R3 csg.
rector guide shoe. tot of 941.10 Set @ 94.1' 1 cent. 10' up
3affle @ 903.62' cmt with 10 bbls. KCl preflush followed by
115 sxs HOWCO Rite w/2% CaCl & 1/4# flocele 1sk.
pd 3:00 a.m. Float did not hold. Gd. cmt returns.
RR 3:30 a.m.

9/20/83 MIRU

9/21/83 973' RR 10:45 p.m. drld cont. 902-943 Cored 943-73 Sd 944-59
9/24/83 CP 0# RU & rn 32 jts 2 3/8" tbg to 974.8'. Pulled jt & set @ 971.80' RU to swab
9/25/83 ^{SDEN} FL 0 150' fr sfc. swb dwn & start tests. No FL Pulled tbg RDMO

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

SIGNED [Signature] TITLE Staff Pet. Engineer DATE 10/11/83
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 24 1983

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY Sm