

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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. 14-20-603-2304 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' fsl & 10' fwl (SW $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$)		8. FARM OR LEASE NAME Navajo Tribe of Indians "F"	
14. PERMIT NO.		9. WELL NO. 166	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5192' GR		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 10-31N-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"/>	X

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"/>	

(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.) *

This is to request an extension of the shut in period for the captioned well.
The well was shut in on May 2, 1988. Under existing market conditions, it is uneconomical to operate.

THIS APPROVAL EXPIRES MAR 01 1989

RECEIVED
AUG 03 1988
OIL CON. DIV.
DIST. 3

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

SIGNED Stephanie L. Huntington TITLE Engineering Technician
(This space for Federal or State office use)

DATE July 29, 1988

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

NMOCC

*See Instructions on Reverse Side