

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well	5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2033
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 660' fsl & 660' fwl (SWSW)	8. FARM OR LEASE NAME Navajo Tribe of Indians "G"
14. PERMIT NO.	9. WELL NO. 204
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5263 DF, 5259' GL	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 11-31N-17W
	12. COUNTY OR PARISH 13. STATE San Juan NM

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Casing Integrity Attempt	(Other) <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form)	

17. DESCRIBE ALL PENDING 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.) *

7/27/88 - MIRU. Ran tbq w/scraper to 879' GL. Packed wellhead off. SDFN.
7/28/88 - Circ'd well clean. Pulled tbq w/scraper. Ran pkr w/tbg, set @ 873' GL.
Press'd csg up to 1000 psi, bled off to 700 psi in 15 minutes. Press'd up again to 1000 psi, rapid bleed off to 900 psi within 1 minute. Pulled tbq & pkr. RD.

Propose to RIH w/tubing & packer to locate hole(s) in casing. Will squeeze if economically feasible. If casing damage is too extensive, will propose plan to plug and abandon well.

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)

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

MMOCC

*See Instructions on Reverse Side

APR 11/88
DATE

APR 11/88
FARMINGTON RESOURCE ACT