

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0133  
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"/>	2. NAME OF OPERATOR Solar Petroleum, Inc.	3. ADDRESS OF OPERATOR 1099 - 18th Street, Suite 2900, Denver, Colorado 80202	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1800' FSL & 500' FWL	5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2033	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Navajo Tribe of Indians "G"	9. WELL NO. 202	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 11-T31N-R17W	12. COUNTY OR PARISH San Juan	13. STATE New Mexico
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5234' GL											

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 checked="" type="checkbox"/>
(Other) <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"/>	

(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.)\*

We request an extension of the 90 day shut-in period. This well was shut-in February 1, 1988. At this time, it is uneconomical to produce.

THIS APPROVAL EXPIRES 8/1/88

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

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

TITLE Engineering Technician

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE 4-8-88

DATE APR 12 1988

AREA MANAGER  
FARMINGTON RESOURCE FILE

\*See Instructions on Reverse Side