

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Plug and Abandon		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 1099 18th Street Suite 2900 Denver, Colorado 80202		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 1980' FSL 1980' FEL		8. FARM OR LEASE NAME Navajo Tribe of Indians G	
14. PERMIT NO.		9. WELL NO. 221	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 5321 GL		10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 1 T31N R17W	
		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"/>	

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 checked="" 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.)*

8 20 84 MIRU Ran 1 jt tbq 5'. Screwed on and tried to unseat packer. Could not unseat pkr pulled tbq and LD Cut 7" csg and pulled csg w stuck pkr. Rans tbq to 765' and circ out/ Set @ 765' Could not get dwn Could not contact BLM.

8 21 84 As amended verbally by Steve Mason to Joe Cantu. Pulled jt tbq out to 747' Mixed and pmpd 61 sx cmt. Pumpd 15 more sx to surf. Pulled tbq Recapped well Prep to sqz Sqzd w/45 sx 0 press. Not enough cmt. Sqzd 50 more sx. BLM satisfied. Capped well and set dry hole marker.

RECEIVED
SEP 06 1984
OIL CON. DIV.
(DIST. 2)

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

SIGNED Maria O'Keefe

TITLE Engineering Technician

DATE 8 28 84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOCC