

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2033	
2. NAME OF OPERATOR Solar Petroleum, Inc.		7. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
3. ADDRESS OF OPERATOR Suite 2900, 1099-18th Street, Denver, Co. 80202-1999		8. 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' fNL & 660' fEL of Section 2-T31N-R17W (C NE NE)		9. FARM OR LEASE NAME Navajo Tribe of Indians "G"	
14. PERMIT NO.		10. WELL NO. 211	
15. ELEVATIONS (Show whether DP, ST, OR, etc.) 5390' GR		11. FIELD AND POOL, OR WILDCAT Many Rocks Gallup	
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		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 :		SUBSEQUENT REPORT OF :	
TEST WATER SHUT-OFF <input type="checkbox"/>	PELL 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 PLANE <input type="checkbox"/>	(Other) <u>Correct Well Name</u> <input checked="" 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 will serve as notification of the correct name for this well. The well was originally permitted as Navajo Tribe of Indians "G" #11; thereafter it was reported interchangeably as Navajo Tribe of Indians "G" #11 and Navajo Tribe of Indians "G" #211 until 12/31/72 after which time it has been reported solely as Navajo Tribe of Indians "G" #211.

The correct name for this well is and will be Navajo Tribe of Indians "G" #211.

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

SIGNED David S. Cushman TITLE Engineering Manager DATE 1/15/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE JAN 15 1985

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

0 + 2cc to BLM-Farmington + 2cc to be forwarded to NMOCD-Aztec upon approval + 1cc Indian Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.