

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

LEASE DESIGNATION AND SERIAL NO.

14-20-603-2033

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Solar Petroleum, Inc.		8. FARM OR LEASE NAME Navajo Tribe of Indians "G"	
3. ADDRESS OF OPERATOR Suite 2900, 1099-18th Street, Denver, Colorado 80202-1999		9. WELL NO. 222	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 530' fNL & 2140' fWL of Section 2-T31N-R17W (NE NE NW)		10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup	
14. PERMIT NO.		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Section 2-T31N-R17W	
15. ELEVATIONS (Show whether SP, TP, OM, etc.) 5777' GR		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"/>	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 PLANE <input type="checkbox"/>	(Other) Correct Well Name <input type="checkbox"/>	(XX)
(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 will serve as notification of the correct name for this well. The well was originally permitted as Navajo Tribe of Indians "G" #22; thereafter it was reported interchangeably as Navajo Tribe of Indians "G" #22 and Navajo Tribe of Indians "G" #222 until 12/31/72 after which time it has been reported only as Navajo Tribe of Indians "G" #222.

The correct name for this well is and will be Navajo Tribe of Indians "G" #222.

RECEIVED
FEB 04 1985
OIL CONTROL
DIST. 2

18. I hereby certify that the foregoing is true and correct
SIGNED David S.ushman TITLE Engineering Manager ACCEPTED FOR RECORD
DATE 1/13/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE JAN 23 1985
CONDITIONS OF APPROVAL, IF ANY: _____ FARMINGTON RESOURCE AREA
BY jh

0 + 2cc to BLM-Farmington + 2cc to be forwarded to NMOCB-Aztec upon approval + 1cc Indian

NMOCB