

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

5. LEASE DESIGNATION AND SERIAL NO.
14-20-603-2033

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribe of Indians G

9. WELL NO.

225

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

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Solar Petroleum, Inc.

3. ADDRESS OF OPERATOR

1099 18th St. 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

1230 FSL 2425 FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

5285 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) TA Status

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

BLM approval of this temporarily abandoned well expires 8-14-85. We request an extension to this approval to continue work on our Tertiary Recovery project. The project is progressing but at this time is incomplete. We hope to complete the project within a year.

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

SIGNED

Marie O'Keefe

TITLE

Engineering Technician

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side
NMOCC

RECEIVED
AUG 16 1985
OIL CON. DIV.
DIST. 3

APPROVED
DATE 8-15-85
AUG 15 1985
John Skell
AREA MANAGER
FARMINGTON RESOURCE AREA