

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
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"/>	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 St Suite 2900, Denver, Co. 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 1230 FSL 2425 FWL	8. FARM OR LEASE NAME Navajo Tribe of Indians G
14. PERMIT NO.	9. WELL NO. 225
	10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup Sand
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA T31N R17W Sec 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5285 GR	12. COUNTY OR PARISH San Juan
13. STATE New Mexico	

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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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) Plug and Abandon	

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) _____	

(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.)\*

Surf Csg: 8 5/8" @ 90' cmt w/ 100 sx. Prod Csg: 4 1/2" @ 1265 cmt w/ 300 sx (cmt to surf.)  
Perfs: 1204-1212

We request approval to plug and abandon this well. The approved TA status will expire as of 8-14-86, and we can not return this well to a functional well due to uneconomic conditions. The well was TA'd 8-6-84 as follows:  
Tagged TD at 1220'. Mixed and pumped 10 sx cement plug w/ non-corrosive fluid 1220'-1050'. Pulled 6 jts tbg to 1038'. Mixed 9.2 mud and circulated to surface. Pulled tbg and ran 6 jts to 180'. Mixed and pumped 10 sx cement circulated to surface. Pulled tbg. and capped well.

We plan to install a dry hole marker and do any restoration that is necessary to clean location.

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OIL CON. DIV.  
DIST. 31

Orig & 2cc BLM-Farmington, 2cc to forward to NMOCD-Aztec N.M. after approval & 1cc Indian

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

SIGNED Marvin O'Keefe TITLE Engineering Tech DATE 7-29-86

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

NMOCC