

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42 R1424.

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. 14-20-603-2034
2. NAME OF OPERATOR SOLAR PETROLEUM, INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR 999 18th St., #1300, 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 1200' FNL & 1410' FEL	8. FARM OR LEASE NAME Navajo Tribe of Indians 'F'
14. PERMIT NO.	9. WELL NO. 148
15. ELEVATIONS (Show whether DF, RT, GR, or other) 5221' <sup>GL</sup> U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 9-31N-17W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

RECEIVED  
NOV 01 1982  
U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

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 PLANS <input type="checkbox"/>	(Other) <u>CHANGE OF LEASE NAME</u> <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.)\*

PLEASE BE ADVISED:

This well has been reported as the 'Navajo 'F' #148', the correct name is, and will be reported as the 'Navajo Tribe of Indians 'F' #148'.

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

SIGNED David S. Cushman TITLE Staff Petroleum Engineer

DATE October 26, 1982

(This space for Federal or State office use)

ACCEPTED FOR RECORD  
DATE

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

NOV 5 1982

\*See Instructions on Reverse Side

BY Sum