

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 Tribal
3. ADDRESS OF OPERATOR 999 18th Street, #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 80' FNL & 2600' FEL		8. FARM OR LEASE NAME Navajo Tribe of Indians 'F'
14. PERMIT NO.		9. WELL NO. 147 R
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5239' GR		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 9-31N-17W
		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:

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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) <u>AUGUST ACTIVITIES</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.)*

Activities during the Month of August as follows:

8/21/83 SPUDDED @ 9:30am. 8-5/8" csg set @ 87'GR w/ 82.6CF cmt.

8/22/83 995'TD. 5 1/2" csg set @ 994'GR w/ 192.5CF cmt tailed w/ 41.3CF cmt.
PD @ 5:45pm.

8/26/83 1026'TD. Cored Gallup sd fr 998-1026' (28') rec 25'. Oil coming to sfc, shaly @ top then good sd to TD.

8/31/83 MI tst tk

RECEIVED

SEP 15 1983

OIL CON. DIV.
DIST. 3

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

SIGNED

David S. Cushman

TITLE

Staff Petroleum Engineer

DATE

9/7/83

(This space for Federal or State office use)

APPROVED BY

TITLE

SEP 17 1983

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

MMOCC

FARM OR LEASE AREA
GALLUP

BY

Sum