

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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 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 DE, RT, GR, etc.) 5239' GR		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
		11. SEC., T., R., 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) TUBING RUN & HOOK UP <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.) *

The above well was put On Line @ 1:30pm, 9/3/83. Prior activity as follows:

9/2/83 RU & rn 32 jts 2-3/8" tbg w/ 10' pmp bbls to 1013.5'. Rn 43 3/4" rds & 3' plunger. RDMO.

9/3/83 On Line @ 1:30pm.

THIS WELL IS CURRENTLY TESTING. FIRST TESTS AS FOLLOWS:

9/6/83 Md 48 BF @ 95% OC.

9/7/83 Md 48 BF @ 90% OC.

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

ACCEPTED FOR RECORD 9/8/83

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

SEP 13 1983

*See Instructions on Reverse Side

FARMING RESOURCE AREA
FARMINGTON, NEW MEXICO

BY SM