

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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 ☒ GAS ☐ OTHER ☐
WELL WELL

2. NAME OF OPERATOR
SOLAR PETROLEUM, INC.

3. ADDRESS OF OPERATOR
999 18th Street, #1300, Denver, CO 80202

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5239' GR

5. LEASE DESIGNATION AND SERIAL NO.
14-20-603-2034

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo Tribe of Indians 'F'

9. WELL NO.
147 R

10. FIELD AND POOL, OR WILDCAT
Horseshoe Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 9-T31N-R17W

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"/>		<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>Change in repled elevations & CORING</u>	<input type="checkbox"/>		<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.)*

The previously reported depths of casing set were incorrect. Please amend your records to show that:

Surface Casing was set @ 87'GR (not KB)

and that

Production Casing was set @ 994'GR (repled correctly)

CORING REPORT AS FOLLOWS:

8/26/83 1026' (30') rig rel @ 5:15am, 8/26. Drld cmt fr 955-995' (40').
Cored Gallup fm fr 998-1026' (28') rec 25'. When drlg, oil coming
to sfc, shaly @ top then good sd to TD.

RECEIVED

SEP 12 1983

OIL CON. DIV.

DIST. 3

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

SIGNED Sherwin Artus

TITLE Vice President

ACCEPTED DATE 8/30/83

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE SEP 9 1983

*See Instructions on Reverse Side

NMCCO

FARMINGTON, NEW MEXICO
FARMINGTON, NEW MEXICO
BY Smr