

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on the
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

6. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2034

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo F. & J. D. D. Co.

9. WELL NO.

147

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

11. BBL., T., E., M., OR BLK. AND
SURVEY OR AREA

Sec. 9-T31N-R17W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER P&A'd

2. NAME OF OPERATOR

Solar Petroleum, Inc.

3. ADDRESS OF OPERATOR

1099 18th Street, Suite 2900, 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, 2580' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, OR, etc.)

5242' G.L.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

5-24-84
The following well has been plugged and abandoned as follows:

Filled casing with cement from cement retainer at $\pm 920'$ to surface with 57 sxs cmt. Cut off casing and installed dry hole marker.

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

SIGNED

Sharon S. Clark

TITLE Engineering Technician

DATE

6/5/84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOC

*See Instructions on Reverse Side