

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

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"/>	2. NAME OF OPERATOR Solar Petroleum, Inc.	3. ADDRESS OF OPERATOR 1099 18th St. 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 1330 FWL 1330 FEL	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5399 GR
14. PERMIT NO.				
BUREAU OF LAND MANAGEMENT FARMINGTON-RESOURCE AREA				

5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2033	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Navajo Tribe of Indians G	9. WELL NO. 226	10. FIELD AND POOL, OR WILDCAT Many Rocks-Gallup Sand	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA T31N R17W Sec 2	12. COUNTY OR PARISH San Juan	13. STATE New Mexico
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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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Plug and Abandon	

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) _____	

(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.)*

Surf Csg: 8 5/8" @ 91'. Prod. Csg: 4 1/2" @ 1339' cmt w/300 sx (Cemented to surf)
surf csg cmt w/ 100 sx.
Perfs: 1260-1268.

We request approval to plug and abandon this well. The approved TA status will expire as of 8-14-86. We can not return this well to a functional well due to uneconomic conditions. The well was TA'd on 8-7-84 as follows:

Tagged TD 1275'. Mixed and pumped 10 sx cement plug w/ non-corrosive fluid 1275'-1105'. Pulled 6 jts tbq to 1093'. Mixed 9.2 mud and circulated to surface. Pulled tbq and ran 6 jts to 190'. Mixed and pumped 10 sx cement. Circulated to surface. Pulled tbq and capped well.

This well has sufficient cement to be considered plugged. All fresh water & form. protected by cemented csg and perfs..We plan to install a dry hole marker and clean area around well, if necessary.

We will begin work upon approval.

Orig & 2cc BLM-Farmington, 2cc to forward to NMOCD-Aztec N.M. after approval & 1cc Indian

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

SIGNED Marie O'Keefe

TITLE Engineering Technician

DATE 7-30-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side 3

NMOCC