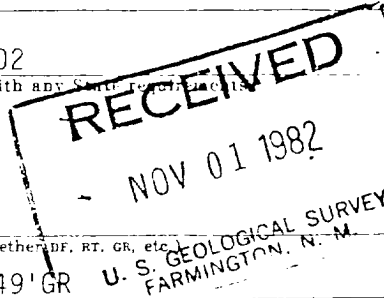


UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form Approved.
Budget Bureau No. 42-R1424.

<p>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.)</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2034</p>
<p>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo</p>
<p>2. NAME OF OPERATOR Solar Petroleum, Inc.</p>		<p>7. UNIT AGREEMENT NAME</p>
<p>3. ADDRESS OF OPERATOR 999 18th St., #1300, Denver, CO 80202</p>		<p>8. FARM OR LEASE NAME Navajo Tribe of Indians 'F'</p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2630' FNL & 2600' FWL</p>		<p>9. WELL NO. 152</p>
<p>10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup</p>		<p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 10-31N-17W</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5249' GR</p>	<p>12. COUNTY OR PARISH San Juan</p>
<p>13. STATE New Mexico</p>		



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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) CHANGE OF LEASE NAME <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.) *

PLEASE BE ADVISED:

This well has been referred to as the 'Navajo 'F' #152', the correct name is, and will be reported as the 'Navajo Tribe of Indians 'F' #152'.

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

SIGNED *David S. Lusk* TITLE Staff Petroleum Engineer DATE October 28, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

NOV 01 1982

NOV 1 1982

*See Instructions on Reverse Side

BY SMH