

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
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 2630' FNL 2600' FWL
14. PERMIT NO.
15. ELEVATIONS (Show whether BP, HT, GA, etc.) 5249' GL

5. LEASE DESIGNATION AND SERIAL NO. 14 20 403 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. 152
10. FIELD AND POOL, OR WILDCAT Horshee Gallup
11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA Sec 10 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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<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.)*

Tagged TD @ 952 PBDT 946'. Pumped 25 sx cmt . Pulled 15 jts tbg to 526'. Circ 9.2# mud to surf.. Pulled 4 jts to 406' Pumped 25 sx cmt surf plug. Pulled tbg and capped well.
8 9 84.

RECEIVED
AUG 29 1984
DIV.

This Approval Or Temporary
Abandonment Expires 8-14-85

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

SIGNED Mari O'Keefe

TITLE Engineering Technician

DATE 8 20 84

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

NMOCC

AUG 21 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA