

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2034	
2. NAME OF OPERATOR SOLAR PETROLEUM, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe of Indians	
3. ADDRESS OF OPERATOR 999 18th Street, #1300, Denver, CO 80202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1310'FNL, 1170'FWL		8. FARM OR LEASE NAME Navajo Tribe of Indians 'F'	
14. PERMIT NO.		9. WELL NO. 157	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5310'GL		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4-31N-17W	
		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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <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.) *

11/17/82 MIRU Western. Frac dwn csg w/ 6000 gals 2% KCL slick wtr prepad w/ clay stabilizers & bactericide; followed by 1200 gals gel wtr pad; 1200 gals gel wtr w/ 1ppg 10/20sd; 1200 gals gel wtr w/ 2ppg 10/20sd; 1200 gals gel wtr w/ 3ppg 10/20sd; 1200 gals gel wtr w/ 4ppg 10/20sd; flushed w/ 1125 gals gel wtr. All trtg fluids contained 9.5 SCF CO₂/gal. Used a tot of 12,000# 10/20 sd, trtd @ 25 BPM w/ 1000 psi. Tot trtmt placed in formation 12,000 gals prepad plus gel wtr and 3.2 tons CO₂. Frac'd Gallup sd fr 1128-1150'GL.

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

SIGNED

[Signature]

TITLE

Staff Petroleum Engineer

DATE

1/28/83

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

FEB 03 1983

TITLE

DATE

*See Instructions on Reverse Side

NMOCO