

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT 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 Tribal	
3. ADDRESS OF OPERATOR 999 18th Street, #1300, Denver, CO 80202		7. UNIT AGREEMENT NAME Navajo Tribe of Indians 'F'	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1330' FNL & 2630' FWL		8. FARM OR LEASE NAME Navajo Tribe of Indians 'F'	
14. PERMIT NO.		9. WELL NO. 158	
15. ELEVATIONS (Show whether DF, T, GR, etc.) 5305' GR		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4-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:		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) <u>Casing Run</u> <input checked="" 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.) *

The above well is currently waiting on completion. Report on previous activity as follows:

8/14/83 TD reached: 1118'. Drld to 1118' & ran survey of 2-3/4°. Ran 35 jts 5 1/2", 15.5# ST&C K-55 Rg2 csg (tallied @ 1136.58'). Set @ 1115.5' GL. Guide shoe on btm, baffle insert 1 jt up @ 1082', 1 centralizer 15' off btm. Circ'd 1/2 hr & ran 10 bbls KCL pre-flush. Cmt w/ 125sx Howco lite w/ 2% CaCl₂ & 1/4#/sx flocele. Followed by 35sx Class 'B' w/ 2% CaCl₂ & 1/4#/sx flocele. Full returns thruout, cmt circ'd. PD @ 6:45am, 8/14/83. Plug held OK. Rel rig @ 7:00am.

RECEIVED
SEP 2 - 1983
OIL CON. DIV.
DIST. 3

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

SIGNED David S. Cushman TITLE Staff Petroleum Engineer DATE 8/15/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

AUG 31 1983

NMOCC
*See Instructions on Reverse SideFARMINGTON RESOURCE AREA
BY KJ