

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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"/> | | 5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2034 | |
| 2. NAME OF OPERATOR Solar Petroleum | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal | |
| 3. ADDRESS OF OPERATOR 1099 18th St. Suite 2900 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 1330' FNL & 2630' FNL | | 8. FARM OR LEASE NAME Navajo Tribe of Indians F | |
| 14. PERMIT NO. | | 9. WELL NO. 15B | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5305' GR | | 10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup | |
| | | 11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec 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 PLANE <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.)*

Continue testing

RECEIVED

SEP 19 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED

SEP 21 1984

OIL CON. DIV.
DIST. 3

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

SIGNED

Mari O'Keefe

TITLE

Engineering Technician

DATE

7-11-84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

SEP 20 1984

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

RV

sm

*See Instructions on Reverse Side

NM000