

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 10' FNL & 1330' FEL		8. FARM OR LEASE NAME Navajo Tribe of Indians 'F'
14. PERMIT NO.		9. WELL NO. 161
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5237' GR		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-31N-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:		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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>AUGUST ACTIVITIES</u>	
(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.)*

Activities during the Month of August as follows:

8/26/83 MIRU @ 5:45am. SPUDDED @ 9:00am

8/27/83 8-5/8" csg set @ 88.4' GL w/ 82.6CF cmt.

8/29/83 981' TD. 5 1/2" csg set @ 981' GL w/ 184.8CF cmt tailed w/ 41.3CF cmt.
PD @ 4:45pm.

8/30/83 1012' TD Rig rel @ 8:00am. Cored Gallup sd fr 982-1012' (30') rec 25' w/ ±16' sd.
WAITING ON COMPLETION

RECEIVED

SEP 15 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 9/7/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE SEP 13 1983
CONDITIONS OF APPROVAL, IF ANY: