

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau N. 1004-0135
Expires August 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, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe of Indians F	
3. ADDRESS OF OPERATOR 1099 18th St. Suite 2900 Denver, Co.		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 Sec 9 T31N R17W		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 - Gallup	
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec 9 T31N R17W	
		12. COUNTY OR PARISH San Juan	18. STATE NM

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) Plug and Abandon	
(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.) *

7-23-87 Ran sinker bar on sand line. Tagged cement 300' from surface. Ran 100' tbg and circ 20 sx cement to surface. Pulled tbg, laid down. Topped hole with cement. Capped well.

7-28-87 Dug out and capped flow line.

7-29-87 Set P&A markers. Dug out conduits and cleaned up location.

RECEIVED
OIL CON. DIV.
AUG 12 1987
FARMINGTON, NEW MEXICO

RECEIVED
AUG 14 1987
OIL CON. DIV.
DIST. 3

Approved on to the extent of the liability under bond for surface restoration to original condition.

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

SIGNED Maria O'Keefe

TITLE Engineering Technician

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
DATE 8-10-87

AUG 12 1987
DATE
FARMINGTON, NEW MEXICO

*See Instructions on Reverse Side