

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.6. LEASE DESIGNATION AND SERIAL NO.  
14-20-603-2034

## 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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR SOLAR PETROLEUM, INC.	8. FARM OR LEASE NAME Navajo Tribe of Indians 'F'
3. ADDRESS OF OPERATOR 999 - 18th Street, #1300, Denver, CO 80202	9. WELL NO. 165
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  2600' FNL & 1287' FEL	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
14. PERMIT NO.	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 9, T31N-R17W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5193' GR	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 COMPLETION	<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"/>		<input type="checkbox"/>

## SUBSEQUENT REPORT OF:

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

9/10/83 720' (629) drlg.

9/11/83 901' (181') WOC. MW 9.4, vis 46, WL 10.6. Dev 1<sup>2</sup> @ 901'. RU & rn 22 jts 5 $\frac{1}{2}$ ", 15.5# ST&C J-55 Rg3 csg w/Rector guide shoe on btm (tallied @ 913.42') set @ 899'GL 2/ 1 cent 1st colr up. Preceded cmt w/ 10bbs KCL pre-flush. Cmt'd w/ 110sx HOWCO Lite, 2% CaCl<sub>2</sub> & 1#/sx flocele, followed w/ 35sx Class 'B' w/ same additives. Cmt Circ'd. PD @ 9pm, 9/10/83. Float held OK. Baffle set @ 861.16'GL.

9/12/83 928' (27') cutting core #1.

9/13/82 931'TD, rig rel @ 11:15am, 9/12/83. Core #1: 901-931', cored 30', rec 28', 11' good sd.

9/22/83 CP 65# MIRU Rn 2 3/8' Tbg. &amp; bit. RU to Swab. SDFN

9/23/83 Swabbed down testing making 3BFPH 1+ % OC. Pulled Tbg. RDMO

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

SIGNED

TITLE Staff Pet. Engineer

DATE 10/11/83

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

OCT 24 1983

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY

Smr