

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"/>	6. 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 2630' FSL & 1330' FWL	8. FARM OR LEASE NAME Navajo Tribe of Indians 'F';
14. PERMIT NO.	9. WELL NO. 159
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5282' GR	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
	11. SEC., T., R., M., 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) SEPTEMBER ACTIVITIES <input checked="" 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 for the month of September:

This well is currently testing:

9/8/83 md 47 BF 2% OC	9/26/83 md 37 BF
9/9/83 md 52 BF 2% OC	9/27/83 md 32 BF 2% OC
9/10/83 md 50 BF	9/28/83 md 27 BF 2% OC
9/11/83 md 45 BF	9/29/83 md 29 BF 2% OC
9/12/83 md 46 BF 2% OC	
9/13/83 md 46 BF 2% OC	
9/14/83 md 46 BF 2% OC	
9/16/83 md 45 BF 2% OC	
9/17/83 md 43BF	
9/18/83 md 46 BF	
9/19/83 md 59 BF	
9/20/83 md 47 BF 2% OC	
9/21/83 md 46 BF 2% OC	
9/22/83 md 47 BF 1% OC	
9/23/83 md 40 BF 2% OC	
9/24/83 md 37 BF	
9/25/83 md 38 BF	

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

SIGNED [Signature] TITLE Staff Pet. Engineer DATE 10/11/83

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OCT 24 1983

NMOCC

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY

SMR

RECEIVED

OCT 25 1983

OIL CON. DIV.

DIST. 3