

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe of Indians	
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 Sec 9 T31N R17W 1310 FNL 2600 FWL		8. FARM OR LEASE NAME Navajo Tribe of Indians F	
14. PERMIT NO.		9. WELL NO. 163	
15. ELEVATIONS (Show whether DF, WT, GR, etc.) 5230 GR		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup - Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 9 T31N R17W	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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 COMPLETE	<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 checked="" type="checkbox"/>
(Other) plug and abandon	<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.)*

7-23-87 Ran sinker bar on sand line. Tagged cement 300' from surface.
Pulled same. Ran 10 jts tbg tagged cement same place - tagged hard 4 times.
Pulled 6 jts tbg and laid down - circ cement to surface with 4 jts
tbg 120'. Pulled tbg/ Laid down - topped hole with cement. Capped well off.

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

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

Approved by [Signature]
Liability under contract, lease, or
surface restoration is waived.

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

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

SIGNED [Signature] TITLE Engineering Technician DATE 8-10-87
(This space for Federal or State office use)
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AUG 12 1987
[Signature]
FEDERAL BUREAU OF LAND MANAGEMENT

*See Instructions on Reverse Side

NMOC