

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2034
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal
2. NAME OF OPERATOR SOLAR PETROLEUM, INC.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 999 18th Street, #1300, Denver, CO 80202		8. FARM OR LEASE NAME Navajo Tribe of Indians 'F'
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		9. WELL NO. 165
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5193' GR		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

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SEP 13 1983

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) SPUD & CASING DETAIL <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		<small>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>	

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.)*

The above well was SPUDDED @ 11:30am, 9/8/83. U.S.G.S. was contacted. Report as follows:

9/9/83 91' (91') WOC. SPUDDED @ 11:30am, 9/8/83. RU & rn 2 jts 8-5/8" 24#, K-55 Rg3 csg w/ HOWCO guide shoe on btm, 1 cent 10' up (tallied @ 86.27') set 2 1/2' below GL @ 88.77'. Preceded cmt w/ 5 BW preflush. Cmt w/ 82.6CF Class 'B' w/ 2% CaCl₂ & 1/4#/sx flocele. Good returns, cmt circ'd. PD @ 8:30pm, 9/8/83. Currently drilling.

Well name changed from Navajo 'F'

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DIV.
DIST. 3

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

SIGNED *Owen L. Stone* TITLE Sr. Petroleum Engineer DATE 9/9/83
Owen L. Stone

(This space for Federal or State office use)

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