

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.  
G. LEASE DESIGNATION AND SERIAL NO.

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
SOLAR PETROLEUM, INC.

3. ADDRESS OF OPERATOR  
999 - 18th Street, #1300, Denver, CO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1330' FSL & 10' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether of T. RESOURCE AREA  
5192' GR

14-20-603-2034

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Navajo Tribe of Indians 'F'

9. WELL NO.  
166

10. FIELD AND POOL, OR WILDCAT  
Horseshoe Gallun

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 10, T31N & R17W

12. COUNTY OR PARISH  
13. STATE

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) -	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.)\*

Waiting on Grace

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

SIGNED

*David O. Keefe*

TITLE

Engineering Technician

DATE

11 2 83

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NOV 15 1983

NMOCC

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY

*Sm*