

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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
3. ADDRESS OF OPERATOR Suite 2900, 1099 - 18th Street, Denver, Colorado 80202-1999		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 1310' fSL and 1330' fEL 10-31N-17W (SW $\frac{1}{4}$ SE $\frac{1}{4}$)		8. FARM OR LEASE NAME Navajo Tribe of Indians "F"
14. PERMIT NO.		9. WELL NO. 167
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5216 GR		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 10-31N-17W
		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"/>	

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) <input checked="" type="checkbox"/> Repair leaking P&A well	<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.)*

The following work was done with the verbal approval of Mark Philiber.

6/29/88 Tested casing - leaking off. RU hydraulic swivel, drilled cement out to 190'

6/30/88 Drilled out to 515'. PU to 486'. RU & Run 27 sx cement, circ out of hole, full of bubbles

7/1/88 RU & run 45 sx cement (at 486'). Pulled tbg. Run 1 jt & mix & run 5 sx cement. RD.

Replace P&A marker and clean location.

RECEIVED
JUL 28 1988
OIL CON. DIV.
DIST. 3

Approved as to plugging of the well here.
Liability under bond is retained until
surface restoration is completed.

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

SIGNED Stephanie S. Hurlburt TITLE Engineering Technician

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

NSA000

*See Instructions on Reverse Side

DATE 7/19/88

DATE JUL 25 1988

APPROVED BY _____
FARMER/STOCKMAN