

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other		5. Lease Number 14-20-604-1950
2. Name of Operator Vantage Point Operating Company		6. If Indian, Allottee or Tribe name Ute
3. Address & Phone No. of Operator 2401 Fountain View Drive Suite 700 Houston, TX 77057-4862 (713) 780-1952		7. Unit Agreement Name Horseshoe Gallup
4. Location of Well, Footage, Sec., T, R, M M-35-31N-16W 660' FSL & 610' FWL		8. Well Name & Number HGU #216
		9. API Well No. 30-045-87298
		10. Field and Pool Horseshoe Gallup
		11. County and State San Juan, New Mexico

RECEIVED  
AUG 12 1994

OIL CON. DIV.  
DIST. 3

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment <input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion <input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back <input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair <input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Altering Casing <input type="checkbox"/> Conv. to Injection
	<input type="checkbox"/> Dispose Water
	<input checked="" type="checkbox"/> Other - LTSI

13. Describe Proposed or Completed Operations

This well is currently shut-in.  
Vantage is requesting LTSI status from the BLM until such time it is economically feasible to return this well to production.

RECEIVED  
BLM  
94 JUL 22 PM 2:23  
070 FARMINGTON, NM

THIS APPROVAL EXPIRES AUG 01 1994

14. I Hereby certify that the foregoing is true and correct.

Signed Dianna K. Fairhurst Title Consulting Engineer Date 7/13/1994  
Dianna K. Fairhurst

(This Space for Federal or State Office Use)

APPROVED BY: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any: \_\_\_\_\_

APPROVED

AUG 08 1994

Chip Barraden  
for DISTRICT MANAGER

NMOCD