

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry
to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil ☐ Gas ☐ Other

2. Name of Operator

Vantage Point Operating Company

3. Address and Telephone No.

2401 Fountain View Dr., Suite 700, Houston, TX 77057 713-780-1952

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FSL & 417' FEL Sec. 32-T31N-R16W

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

14-20-603-734

6. If Indian, Aliottee or Tribe Name

Navajo

7. If Unit or CA, Agreement Designation

Horseshoe Gallup Unit

8. Well Name and No.

Horseshoe Gallup Unit #1

9. API Well No.

3004510098

10. Field and Pool, or Exploratory Area

Horseshoe Gallup

11. County or Parish, State

San Juan, New Mexico

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

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other LTSI

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple
completion on Well Completion or
Recompletion Report and Log form.)

13. 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.)*

Vantage Point Operating Co. hereby requests approval for extension of long term shut-in status on
this well. Extension of LTSI status would keep this wellbore available for future projects and would
eliminate economic waste and promote conservation.

THIS APPROVAL EXPIRES SEP 01 1993

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

Signed

Shirley Overstuf

Title

Engineering Technician

Date

11/4/92

APPROVED

DEC 30 1992

AREA MANAGER

This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: