

JICTRICT MANIAGES

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| Sundry N   | Notices and Reports on  | Wells                      |   |
|--|-------------------------|----------------------------|---|
|  | <del> </del>            | 5. Lease Number            |   |
|  |                         | 14-20-604-1951             |   |
| 1. Type of Well  |                         | 6. If Indian, Allotee or T | ribe name                                       |
| X Oil Gas Other  |                         | Ute                        |   |
| 2. Name of Operator                                      |                         | 7. Unit Agreement Nam      |   |
| Vantage Point Operating Company                          |                         | Horseshoe Gallup           |   |
| 3. Address & Phone No. of Operator                       |                         | 8. Well Name & Numbe       | <del> </del>                                    |
| 2401 Fountain View Drive                                 |                         | HGU #153                   |   |
| Suite 700  |                         | 9. API Well No.            |   |
| Houston, TX 77057-4862                                   |                         | 30-045-10403               |   |
| (713) 780-1952   |                         | 10. Field and Pool         |   |
| 4. Location of Well, Footage, Sec., T, R, M              |                         | Horseshoe Gallup           |   |
| G-28-31N-16W   |                         | 11. County and State       |   |
| 1980' FNL & 1980' FEL                                    |                         | San Juan, New Mexico       |   |
| 1000 1 112 & 1000 1 22                                   |                         | Can odan, New Mex          |   |
| 12. CHECK APPROPRIATE BOX(s) TO INDIC                    | CATE NATURE OF NO       | TICE, REPORT. OT           | HER DATA  |
| Type of Submission                                       | Type of Action          |                            |   |
|  | Abandoment              | Change o                   | f Plans   |
| X Notice of Intent                                       | Recompletion            | New Cons                   |   |
|  | Plugging Back           | <del></del>                | ine Fracturing                                  |
| Subsequent Report  | Casing Repair           | Water Sh                   | -   |
|  | Altering Casing         | Conv. to I                 | njection  |
| Final Abandonment  | Dispose Water           |                            | •   |
|  | Other - LTSI            |                            |   |
|  |                         |                            |   |
| 13. Describe Proposed or Completed Opera                 | tions                   |                            |   |
|  |                         |                            |   |
| This well is currently shut-in.                          |                         |                            |   |
| Vantage is requesting LTSI status from                   | the BLM until such time | e it is                    | 9   |
| economically feasible to return this well to production. |                         |                            | RECEIVE<br>BLM<br>94 JUL 22 PH<br>070 FARMINGTO |
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|  |                         |                            | ₹ N BC  |
|  |                         |                            | OTO PH  |
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|  |                         |                            | ž ÿ   |
| THE ASS  | PROWL EXPIRES           | AUG 0 1 1995               | <u> </u>  |
| 14. I Hereby certify that the foregoing is true          | e and correct.          |                            |   |
| _  |                         |                            |   |
| Signed Winma K. husburst                                 | Title Consulting Eng    | ineer Date                 | 7/13/1994                                       |
| 'Dianna K. Fairhurst                                     |                         |                            |   |
| (This Space for Federal or State Office Use)             |                         |                            |   |
| APPROVED BY:   | 'Title                  | Dete                       |   |
| AFFROVED BI .  | HILE                    | Date                       |   |
| CONDITION OF APPROVAL, if any:                           |                         |                            |   |
|  | <del></del>             |                            | 3VUH99P   |
|  |                         | <b>'</b>                   |   |
|  |                         |                            | SEP 1 9 <b>1994</b>                             |