

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
SEP 20 1994
OIL CON. DIV.
DIST. 3

Sundry Notices and Reports on Wells

1. Type of Well Oil Gas <input checked="" type="checkbox"/> Other - Water Injection Well	5. Lease Number 14-20-603-2037
2. Name of Operator Vantage Point Operating Company	6. If Indian, Allottee or Tribe name Navajo
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 P-24-31N-17W 660' FSL & 660' FEL	8. Well Name & Number HGU #109
	9. API Well No. 30-045-10498
	10. Field and Pool Horseshoe Gallup
	11. County and State San Juan, New Mexico

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

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 active injection status.

THIS APPROVAL EXPIRES AUG 01 1995

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BLM
070 FAIRHURST, NM
94 JUL 22 PM 2:16

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

SEP 19 1994

MANAGER

NMOOD