See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION

*·		IO INA	NOPUMI	OIL AI	אט אא	HUHAL G	AS			
Operator  Vantage Point Operating Company					Well	3004510507				
Address							<u> </u>		O TOIL	7001
5801 E. 41st, su	iite 1001	, Tulsa	a, Oklah	oma 7	4135					
Reason(s) for Filing (Check proper box,	,	C	T	L.	X Ou	her (Please expl	(ain)	1		
Recompletion	<b>6</b> 3	Change in Transporter of: Oil Dry Gas				Т.,	njection Well			
Change in Operator	Casinghea	_	•				T-N	jection	WEII	
If change of granter aim same	<del>-</del>		Condensate	<u> </u>				<i></i>	<del></del>	
and address of previous operator ATCO	O Oil an	d Gas C	Company,	P.O.	Box	1610, Mic	dland, '	Texas 797	02	
IL DESCRIPTION OF WELL	ivision	of Atla <b>ASE</b>	intic Ri	chfie.	ld Co	mpany				
Lease Name			Pool Name, In	cluding F	ormation		Kind	of Lease	1	ease No.
Horseshoe Gallup Uni	t	111	llorsesl	_				, Federal or Fee	14.20-	603-3531
Location		(01		d					11,000	200 000
Unit Letter	;	601	Feet From The	. 5	Lir	e and $20$	10d ,	eet From The	W	Line
19				A				_		L100
Section Towns	hip <u> </u>	31 N ,	Range	6W	,N	мрм,	San Jua	in 		County
Ш. DESIGNATION OF TRA	NSPORTE	R OF OII	L AND NA	TURAI	LGAS					
Name of Authorized Transporter of Oil		or Condens				ve address to wi	hich approve	d copy of this fo	rm is to be s	eni)
Nome of Authorized Towns of Co.				_				<del></del>		
Name of Authorized Transporter of Casi	inghead Gas	، لــا	or Dry Gas	_)   <b>^</b> 444	iress (Giv	ne address to wh	tich approve	d copy of this fo	rm is to be s	ens)
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. I	ige ls gr	as actual!	y connected?	When	17	<del></del>	<del></del>
						<del></del>				
If this production is committgled with the IV. COMPLETION DATA	t from any oth	er lease or po	ool, give comm	ungling o	rder num	ber:				
IV. COMPLETION DATA		loune a	1 6 71	<del> </del>			1	· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completion	1 · (X)	Oil Well	Gas Wel	1   Ne	ew Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		I. Ready to P		Tota	l Depth	L	L	I DRTD		<u> </u>
	D22 00.1p	t. Roady to 1	104	1.0-	. 201-			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	nation	Тор	Oil/Gas 1	Pay		Tubing Depth		
Perforations			······································	·				Depth Casing	Shoe	
	T	UBING, C	ASING AN	ID CEN	<b>JENTI</b>	NG RECOR	D			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
<del> </del>		<del></del>							<del></del>	
		<del></del>						ļ		· · · · · · · · · · · · · · · · · · ·
V. TEST DATA AND REQUE	ST FOR A	LLOWAF	RIF					<u></u>		J
OIL WELL (Test must be after				usi be ear	ual to or	exceed too allo	wable for thi	s depth or he fo	r full 24 hour	1
Date First New Oil Run To Tank	Date of Test		1000 00 010 11			thed (Flow, pw			jul 24 now	73.)
						, ,,	, , , , , , , ,			
Length of Test	Tubing Pres	ETILE .		Casir	ng Pressu	re		desi.	CFI	V S In
					•			W _	:	T 6-
Actual Prod. During Test	Oil - Bbls.			Wate	Water - Bbla			Ga-MCF	RO419	
								IVIA	KU4 15	191
GAS WELL								OIL	CON	DIV.
Actual Prod. Test - MCF/D	Length of To	est	<del></del>	Bbls	Conden	mle/MMCF		Gravity of Co	Fifer .	DIA.
								•	M31. 9	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casin	Casing Pressure (Shut-in)			Choke Size		
		<del> </del>	<del></del>							
VI. OPERATOR CERTIFIC	CATE OF	COMPL	IANCE		_		OFDV	. T.O		
I bereby certify that the rules and regu				- []	C	DIL CON	SERV	A HON D	IVISIO	N
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				il.	EEDO				7 1001	
is true and complete to the best of my	knowledge and	beller.			Date	Approved	J PER	3 2 7 199	( 	
Wohner I Min	Pencal-	~ .						/	,	
River ( )				<u>/  </u>	By Binh Chan					
[Reporan L. breen	10h-10	XVUCTIO	on 1155	#:	•	e.	IDEDIA	On 0:0==		
Printed Name	010	Ti	tie 7 / C		Title_	36	renvi5	OR DISTR	ICT #3	
1-19-91	718	-664	-0100							
Date		Talanho	na Nin	- 11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.



Form 3160-5

FORM APPROVED

(June 1990)	UNITED STATES DEPARTMENT OF THE INTERIOR	RECEIVED BLM	Budget Bureau No. 1004-0135 Expires: March 31, 1993
	BUREAU OF LAND MANAGEMENT		5. Lease Designation and Serial No.
_	SUNDRY NOTICES AND REPORTS ON WELLS: this form for proposals to drill or to	- AUG 28 - AMH : 40	14-20-609-3531
		deepen of reentry	6. If Indian, Allottee or Tribe Name
to a differ	rent reservoir.	<u>leal</u> l motoren N M	Nava ia
Use	"APPLICATION FOR PERMIT" for such pr	poposats	- Navajo
	SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
4 7 4 11-11	<del></del>		
1. Type of Well │Oil │ Gas	X Other Water Injection		Horseshoe Gallup Unit
	A deter injection		8. Well Name and No.
2. Name of Operato	or		
Vantage Point	Operating Company		Horseshoe Gallup Unit # 111
3. Address and Tel			9. API Well No.
	Street, Suite 1001, Tulsa, OK 74135 91		3004510507
4. Location of Wel	.l (Footage, Sec., T., R., M., or Surve	y Description)	10. Field and Pool, or Exploratory Area
			Horseshoe Gallup
6011 FSI 8	2002' FWL 19-T31N-R16W		11. County or Parish, State
001 102 0	1 2002   WE   77   13   14   K   10   1		The country of Furtan, State
			San Juan, New Mexico
12.	CHECK APPROPRIATE BOX(s) TO INDICATE	NATURE OF NOTICE, REPORT	, OR OTHER DATA
TYPE OF SUE	BMISSION		
Not	ice of Intent	andonment	Change of Plans
	ice of Intent	completion	New Construction
X Sub	sequent Report	ugging Back	Non-Rountine Fracturing
	0CT241991, 🗀ca	sing Repair	Water Shut-Off
Fin		tering Casing	Conversion to Injection
	al Abandonment Notice DIV. X Ot	her LTSI	Dispose Water
	DIST. 3	<del></del>	(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 Energy requests approval for extension of long term shut-in status on this well. Vantage Point assumed operations on the Unit during January, 1991, and has since activated nineteen wells. Vantage Point is viewing the feasibility of returning additional wells to active status when the economics are favorable. Also, this Unit has potential for CO2 flooding and for drilling additional wells to tighten the injection pattern. 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 1992

			Section Section 201	CHECKEN AND THE CHECKEN OF THE PROPERTY OF ASSESSED AND
			A C	
14. 1 hereby certify that the fore	going is true and correct		643	
Signed Off Y Pank	Title: Sr. Produ	ction Engineer Date	8/21/91	
This space for Federal or Stat	e office use)			10°1 0 1 1001
mis space in rederat or state	te office use)			<u>)U 1</u> Z 1, 1931
Approved by	Title	Date	1 (	
Conditions of approval, if any	<del>/</del> :			
7:11 40 11 0 0 0 11 1004				ADEA HANACES
little 18 U.S.C. Section 1001, make	es it a crime for any person k	nowingly and willfully	to make to any	debal ment of sauty
Title 18 U.S.C. Section 1001, make of the U.S. any false, fictitious	or fraudulent statements or	representations as to a	iny matter Witt	in its jurisdiction.
	*See Instruction or	Reverse Side	and the second	Lifectory, Andrews Vacatory