

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
SEP 26 1994
OIL CON. DIV.
DIST. 6

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 14-20-600-3531
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 O-20-31N-16W 615' FSL & 2110' FEL	8. Well Name & Number HGU #116
	9. API Well No. 30-045-10510
	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"/> 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.

THIS APPROVAL EXPIRES AUG 01 1995

RECEIVED
BLM
94 JUL 22 PM 2:16
070 FARMINGTON, NM

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 2 1994
DISTRICT MANAGER

NMOCD