

submitted in lieu of Form 3160-5

001 2 8 1995

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
BLM MAIL ROOM

95 OCT 19 PM 2:21

Sundry Notices and Reports on Wells

070 FARMINGTON, NM

<b>1. Type of Well</b> Oil Gas <input checked="" type="checkbox"/> Other - Water Injection Well		<b>5. Lease Number</b> 14-20-603-2037
<b>2. Name of Operator</b> Convest Energy Corporation (c/o Central Resources, Inc.)		<b>6. If Indian, Allottee or Tribe name</b> Navajo
<b>3. Address &amp; Phone No. of Operator</b> 2401 Fountain View Drive Suite 700 Houston, TX 77057-4862 (713) 780-1952		<b>7. Unit Agreement Name</b> Horseshoe Gallup
<b>4. Location of Well, Footage, Sec., T, R, M</b> L-24-31N-17W 2050' FSL & 990' FWL		<b>8. Well Name &amp; Number</b> HGU #97
		<b>9. API Well No.</b> 30-045-10547
		<b>10. Field and Pool</b> Horseshoe Gallup
		<b>11. County and State</b> 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.

Convest on behalf of Central Resources, Inc. is requesting LTSI status from the BLM until such time it is economically feasible to return this well to active injection status.

This well is currently in compliance with all NMOCD UIC requirements and is scheduled for an MIT prior to 6/16/98.

THIS APPROVAL EXPIRES 6/16/98

**14. I Hereby certify that the foregoing is true and correct.**

Signed Dianna K. Fairhurst Title Consulting Engineer Date 10/12/95  
Dianna K. Fairhurst

(This Space for Federal or State Office Use)

APPROVED BY : \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any: \_\_\_\_\_

APPROVED

NMOCD