

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
SEP 22 1994
OIL CON. DIV.

Sundry Notices and Reports on Wells

	5. Lease Number 14-20-603-2022
1. Type of Well <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other	6. If Indian, Allottee or Tribe name Navajo
2. Name of Operator Vantage Point Operating Company	7. Unit Agreement Name Horseshoe Gallup
3. Address & Phone No. of Operator 2401 Fountain View Drive Suite 700 Houston, TX 77057-4862 (713) 780-1952	8. Well Name & Number HGU #91
	9. API Well No. 30-045-10621
4. Location of Well, Footage, Sec., T, R, M F-24-31N-17W 1906' FNL & 1897' FWL	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.

RECEIVED
BLM
070 FARMINGTON, NM
94 JUL 22 PM 2:13

~~THIS OFFICIAL RECORD~~ AUG 01 1995

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 20 1994
DISTRICT MANAGER