Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-013

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l ease	Design	ation	and	Serial	N

SUNDRY	NOTICES	AND	REPORTS	ON WEL	15

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

SF-081226-A If Indian, Allottee or Tribe Name

Use "APPLICATION FOR PERMIT-" for such propose	D) L C L	Federal	
SUBMIT IN TRIPLICATE	N DEC = 7,1992	7. If Unit or CA, Agreement Designation	
. Type of Well Gas X Other Water Injection	OIL CON. DIE	Horseshoe Gallup Unit 8. Well Name and No.	
Name of Operator Vantage Point Operating Company	\ DIST. \$	Horseshoe Gallup Unit #267	
. Address and Telephone No. 2401 Fountain View Dr., Suite 700, Houston, TX 77057	713-780-1952	9. API Well No. 3004509755	
Location of Well (Footage, Sec., T., R., M., or Survey Description)		10. Field and Pool, or Exploratory Area	
1650' FNL & 2131' FWL Sec.9-T30N-R16W		Horseshoe Gallup 11. County or Parish, State	
		San Juan, New Mexico	
2. CHECK APPROPRIATE BOX(s) TO	INDICATE NATURE OF NOTICE, RI	EPORT, OR OTHER DATA	
TYPE OF SUBMISSION			
Notice of Intent	Abandonment	Change of Plans	

New Construction Recompletion Non-Rountine Fracturing X Subsequent Report Plugging Back Water Shut-Off Casing Repair Altering Casing Conversion to Injection Final Abandonment Notice LTSI Dispose Water (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 Operating Co. hereby requests approval for extension of long term shut-in status on this well. Extension of LTSI status would keep this wellbore available for future projects and would eliminate economic waste and promote conservation.

14. I hereby certify that the foregoing is true and correct				
Sidned theren Overtung	Title	Engineering Technician	Date	11/4/92A PPROVED
				DEC 0 4 1992
This space for Federal or State office use)				DED 0 7 1332
Approved by	Title		Date	1
Conditions of approval, if any:				AREA MANAGER

of the U.S. any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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