

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil ☐ Gas ☒ Other Water Injection

2. Name of Operator

Vantage Point Operating Company

3. Address and Telephone No.

2401 Fountain View Dr., Suite 700, Houston, TX 77057 713-780-1952

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1650' FNL & 330' FEL Sec. 5-T30N-R16W

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

14-20-603-733

6. If Indian, Allottee or Tribe Name

Navajo

7. If Unit or CA, Agreement Designation

Horseshoe Gallup Unit

8. Well Name and No.

Horseshoe Gallup Unit #134

9. API Well No.

3004509972

10. Field and Pool, or Exploratory Area

Horseshoe Gallup

11. County or Parish, State

San Juan, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other LTSI

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ 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. A Mechanical Integrity Test was performed on September 23, 1992 and results are attached.

THIS APPROVAL EXPIRES FEB 07 1993

14. I hereby certify that the foregoing is true and correct

Signed

Theresa Oertling

Title

Engineering Technician

Date

11/4/92

This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

APPROVED

DEC 07 1992

AREA MANAGER



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTICE OF INSPECTION
MECHANICAL INTEGRITY TEST

U. S. EPA REGION IX
 75 Hawthorne St., W-6-2
 San Francisco, CA 94105

OPERATOR: *Veritage Power Energy*
WELL NAME: *#1314*
API #:
FIELD: *Horseshoe Gallup Unit*

Notice of Inspection is hereby given according to Section 1445(b)
 of the Safe Drinking Water Act (U.S.C. Section 300f et seq.).

Date *9/23/92*

Time *8:20 A.M.*

REASON FOR INSPECTION

For the purpose of inspecting and witnessing the mechanical integrity test to determine whether the person subject to an applicable underground injection control program is acting in compliance with the Safe Drinking Water Act and any applicable permit or rule.

Note: Section 1445(b) is quoted in full on the reverse side of this form.

Receipt of this Notice of Inspection is hereby acknowledged.

FIRM REPRESENTATIVE

B. E. [Signature]

INSPECTOR(S)

James P. [Signature]

In the event of an MIT failure, the operator is advised that the regulations require that a written description of the situation (and the approximate time needed to remedy it) is forwarded to the EPA within five days of the failure.



MIT RESULTS

WELL NAME: *Horseshoe Gallup Unit*
 WELL FIELD: *#134*
SE 1/4 Sec 5 - T30N - R16W
Lse #20 603-0733
 (date) *9/23/92*

LEAK TEST

Tubing Pressure	Annulus Pressure	Time (minutes)
<i>0</i>	<i>355</i>	<i>0 Failed at 355 psi</i>
		<i>5</i>
		<i>10</i>
		<i>20</i>
		<i>30</i>

Other test? _____

PASS Y OR N *(N)*FLUID MIGRATION TEST *(circle and date)*

Cement Record Review
 Temperature/Noise Log
 Cement Bond Log
 Radioactive Tracer

PASS Y OR N

COMMENTS (Provide comments if MIT failure is a SNC.)

max. injection pressure - 750 psi - (Dianne Fairhurst)
NMOCD
well has been shut all of 1992 - 0 psi SITP.
open packhead valve, no pressure.

signature

2nd reviewer



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

BRADENHEAD & PACKER TEST REPORT FOR INJECTION & SWD WELLS

1000 RIO DIAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-8178

Date of Test 9/23/92 Tbg. Inj. Pres. _____ Water Injection Well ☒
Operator VANTAGE POINT Tbg. Shut In Pres. 0 Salt Water Disposal Well _____
Csg. Pres. _____ Int. Csg. Pres. _____ Gas Injection Well _____
Bradenhead Pres. 0 Max. Inj. Pres. _____ Producing Oil/Gas Well _____
Well Name & No. HORSESHOE GALLUP INJ # 134 Location Unit H Sec 5 T 30N R 16W

BRADENHEAD TEST

If bradenhead has pressure, flow to atmosphere for 30 minutes and record casing pressure at 5 minute intervals.

CASING PRESSURE

5 Minutes _____
10 Minutes _____
15 Minutes _____
20 Minutes _____
25 Minutes _____
30 Minutes _____

BRADENHEAD FLOWED

Steady Flow _____
Surges _____
Down to Nothing _____
Nothing _____
Gas _____
Gas & Water _____

Remarks: _____

PACKER TEST

If casing has pressure, flow to atmosphere for 30 minutes and record tubing pressure at 5 minute intervals.

5 Minutes _____
10 Minutes _____
15 Minutes _____
20 Minutes _____
25 Minutes _____
30 Minutes _____

Remarks: _____

SEP 24 1992

OIL CON. DIV.
DIST. 3

POSITIVE PRESSURE TEST

Pressured annulus up to _____ psi. Casing held/would not hold pressure for _____ min.

Remarks: WELL SE
BOB TYRE / WELLSITE, JIM WALKER / EPA, MARTIN ZELENIK / EPA

EPA REQUESTED PRESSURE OF 750 psi, WELL TAKING H₂O MAX P=355

BY: B. R. Jorg
TEST FAILED

NMOC: Diana J. Jorg

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this well. A Mechanical Integrity Test was performed on September 23, 1992 and results are attached.

*Since the casing integrity test failed, it is
required that you submit your plans to repair
the casing or plug and abandon the well*

THIS APPROVAL EXPIRES FEB 07 1993

14. I hereby certify that the foregoing is true and correct

Signed

Theresa Overbury

Title

Engineering Technician

Date

11/4/92 DEC 07 1992

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Approved by

Conditions of approval, if any:

Title

Date

APPROVED

[Signature] AREA MANAGER

FARMINGTON COPY