

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM MAIL ROOM

95 OCT 10 PH 2:47

Sundry Notices and Reports on Wells

| | | | |
|---|--|--|--------------------|
| | | 5. Lease Number 14-20-603-733 | 070 FARMINGTON, NM |
| 1. Type of Well Oil _____ Gas _____ <input checked="" type="checkbox"/> Other - Water Injection Well | | 6. If Indian, Allottee or Tribe name Navajo | |
| 2. Name of Operator Convest Energy Corporation (c/o Central Resources, Inc.) | | 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 #126 | |
| | | 9. API Well No. 30-045-60271 | |
| 4. Location of Well, Footage, Sec., T, R, M D-05-30N-16W 660' FNL & 660' 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.

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 9/23/97.

THIS APPROVAL EXPIRES OCT 01 1997

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OCT 16 1995

OIL CON. DIV.
DIST. 3

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

Signed

Dianna K. Fairhurst
Dianna K. Fairhurst

Title Consulting Engineer

Date

10/07/94

(This Space for Federal or State Office Use)

APPROVED BY :

Title

Date

CONDITION OF APPROVAL, if any:

APPROVED

OCT 16 1995

DISTRICT MANAGER

NMOCD