

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
SEP 26 1994
OIL CON. DIV.
DIST. 2

Sundry Notices and Reports on Wells

1. Type of Well <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other		5. Lease Number 14-20-604-1950
2. Name of Operator Vantage Point Operating Company		6. If Indian, Allottee or Tribe name Ute
3. Address & Phone No. of Operator 2401 Fountain View Drive Suite 700 Houston, TX 77057-4862 (713) 780-1952		7. Unit Agreement Name Horseshoe Gallup
4. Location of Well, Footage, Sec., T, R, M E-35-31N-16W 1980' FNL & 680' FWL		8. Well Name & Number HGU #195
		9. API Well No. 30-045-10215
		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 2:22

THIS APPROVAL EXPIRES AUG 01 1995

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

Signed

Dianna K. Fairhurst
Dianna K. Fairhurst

Title Consulting Engineer

Date 7/13/1994

(This Space for Federal or State Office Use)

APPROVED BY :

Title

Date

CONDITION OF APPROVAL, if any:

APPROVED

SEP 21 1994

DISTRICT MANAGER

NMOOD