Form 3160-5 (June 1990)

#### **UNITED STATES DEPARTMENT OF THE INTERIOR**

FORM APPROVED

Budget Bureau No. 1004-0135 Expires: March 31, 1993

| BUREAU OF LAND MANAGEMENT   | 5. Lease Designation and Serial No.                   |
|---|---|
| SUNDRY NOTICES AND REPORTS ON WELLS   | 14-20-603-734<br>6. If Indian, Allottee or Tribe Name |
| Do not use this form for proposals to drill or to deepen or reentry   | 6. If Indian, Allottee of Tribe Name                  |
| to a different reservoir.  Use "APPLICATION FOR PERMIT" for such proposals                                    | Navajo  |
| SUBMIT IN TRIPLICATE  | 7. If Unit or CA, Agreement Designation               |
| 4 Time of Midall  |   |
| 1. Type of Well Oil Gas X Other Water Injection   | Horseshoe Gallup Unit                                 |
|   | 8. Well Name and No.                                  |
| Name of Operator     Vantage Point Operating Company  | Horseshoe Gallup Unit #21                             |
| 3. Address and Telephone No.  | 9. API Well No.                                       |
| 2401 Fountain View Dr., Suite 700, Houston, TX 77057 713-780-1952   | 3004510293  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  | 10. Field and Pool, or Exploratory Area               |
|   | Horseshoe Gallup                                      |
| 560' FSL & 417' FEL Sec. 29-T31N-R16W   | 11. County or Parish, State                           |
|   | San Juan, New Mexico                                  |
|   |   |
| 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NO   | OTICE, REPORT, OR OTHER DATA                          |
| Notice of Intent  | Change of Plans                                       |
| Notice of Intent  | New Construction                                      |
| X Subsequent Report Plugging Back   | Non-Rountine Fracturing                               |
| JAN - 41993 ☐ Casing Repair   | Water Shut-Off  |
|   | Conversion to Injection                               |
| TICON. DIV  | Dispose Water   |
| DIST. 3   | (Note: Report results of multiple                     |
|   | completion on Well Completion or                      |
|   | Recompletion Report and Log form.)                    |
| 2 1 1 1 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2   |   |
| 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, |   |
| estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations a   | and .   |
| measured and true vertical depths for all markers and zones pertinent to this work.)*                         | - ************************************                |
|   |   |
|   |   |
| Vantage Point Operating Co. hereby requests approval for extension  | n of long term shut-in status on                      |
| Validage Politi Operating Co. Hereby requests approval for extension  |   |
| this well. A Mechanical Integrity Test was performed on September 2   | 22, 1992 and results are attached.                    |
| una men. A mechanical integrity real mas performed on deptember in  | •   |
|   | <u> </u>  |
|   | ———<br>———  |
|   |   |
|   |   |

| 4. I hereby certify that the foregoing is true and correct Signed Musa Dustruf           | Title | Engineering Technician | Date | APPROVED     | _ |
|--|-------|------------------------|------|--------------|---|
| This space for Federal or State office use)  Approved by Conditions of approval, if any: | Title |                        | Date | AREA MANAGER | - |
|  |       | <del></del>            |      | A            |   |

THIS APPROVAL EXPIRES \_

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the U. S. any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



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

U. S. EPA REGION IX OPERA

75 Hawthorne St., W-6-2 San Francisco, CA 94105 SE/SE SEC. 29-731N-116W

OPERATOR: VANTIGE COINT

WELL NAME: ポス/

API #:

FIELD: HONSE SHOEL GALLAN UNIT

LEASE # 14-20-603-0734

Notice of inspection is hereby given according to Section 1445(b)

Date 5 EPT. 22,1192

11150 MM

## 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

INSPECTOR(S)

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

OPERATOR: VANTAGE POINT

WELL NAME: #2/

WELL FIELD: HORSE SHOP GALLLAP LIND

## LEAK TEST

(date) SEMT, 22, 1992

| Tubing Pressure                       | Annulus Pressure                          | Time (minutes |
|---------------------------------------|---|---------------|
| 340                                   | <u>7                                 </u> | 0 12:05       |
| · · · · · · · · · · · · · · · · · · · | 715                                       | 5 /2:/0       |
| 340                                   |   | 10 12115      |
| 340                                   | 720                                       | 20 /2;25      |
| 74-7')                                | 720 .                                     | · 30 /2:35    |
|                                       |   |               |

Other test?

PASSY OR N

FLUID MIGRATION TEScTrcle 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.)

WELL LOCATED ON TOP OF A BLUEF W/A DRY WASH DELOW.
WELL HAS BEEN SHUT-IN M/ ALONG TIME.
CHECK BRIDEN HEAD-O.K.

signature Lings (Arlmu.S

2nd reviewer



## STATE OF NEW MEXICO

# ENERGY AND MINERALS DEPARTMENT

# OIL CONSERVATION DIVISION

| <del></del>  | AZTEC DIS            | STRICT OFFICE    | THE F CUID WITTER AND DO |
|--|----------------------|------------------|--|
| BRADENHEAD   | S PACKER TEST RE     | PORT FOR INJECTI | 7 = 144,11411 114111 114                                     |
| Date of Test 4/22/92   | Tbg. Inj. Pres       | •                | Water Injection Well   |
| Operator VANTAGE POIN  | IT Tbg. Shut In P    | res. <u>350</u>  | Salt Water Disposal Well                                     |
| Csg, Pres.   | Int. Csg. Pres       | •                | Gas Injection Well   |
|  |                      |                  | Producing Oil/Gas Well                                       |
| Well Name & No. Horses   | HOE GALLUP IN        | 1 # 21 Location  | on Unit P Sec 29 T 3N R 16W                                  |
|  | BRADEN               | HEAD TEST        |  |
| If bradenhead has pressur<br>at 5 minute intervals.              | re, flow to atmosp   | here for 30 minu | ites and record casing pressure                              |
| CASING PRESSURE .  |                      | BRADENHEAD FLO   | NED  |
| 5 Minutes 10 Minutes 15 Minutes 20 Minutes 25 Minutes 30 Minutes |                      | Nothing          | 5  |
| Remarks:   |                      |                  |  |
|  |                      | KER TEST         |  |
| 1f casing has pressure, at 5 minute intervals.                   |                      | e for 30 minutes | and record tubing pressure                                   |
| 5 Hinutes 10 Minutes 15 Minutes                                  |                      | Remarks:         | ECEIVE   |
| 20 Minutes   |                      |                  | SEP2 41992   |
| 25 Minutes   |                      |                  |  |
| 30 Minutes   |                      |                  | OIL CON. DIV   |
|  | POSITIVE             | PRESSURE TEST    | DIST. 3  |
|  |                      | ng held/would no | ot hold pressure for 30 min.                                 |
| Remarks: WELL SI, KEN  | DENT<br>JUNGO/EPA, B | OB GRIFFEE/Y     | VELLSITE, DARRELL USELTON                                    |
| VANTAGE NOT PRES   | FNI                  |                  |  |