

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.  
14-20-603-3216. ☒ Indian, Allottee or Tribe Name

7. If Unit or CA. Agreement Designation

Central Bisti Unit

8. Well Name and No.  
109. API Well No.  
30-045-0554310. Field and Pool, or Exploratory Area  
Bisti Lower Gallup11. County or Parish, State  
San Juan, New Mexico

Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

Name of Operator

Central Resources, Inc.

Address and Telephone No.

P.O. Box 1213, Bloomfield, New Mexico 87413 (505)-632-3476

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

1980' FSL, 1880' FWL, Sec 4, T25N, R12W

**CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION

TYPE OF ACTION

☐ Notice of Intent☒ Subsequent Report☐ Final Abandonment Notice☐ Abandonment☐ Recompletion☐ Plugging Back☒ Casing Repair☐ Altering Casing☐ Other \_\_\_\_\_☐ 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.)

Describe Proposed or Completed Operations (Clearly state all 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.)\*

February 20, 2001

Started, rods are parafinned up, will move rig on to well on February 20, 2001 to repair and put back on production.



I hereby certify that the foregoing is true and correct

Signed Patty Shelton Title Production Tech.Date February 27, 2001

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any:

RECEIVED

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 United States any false or fraudulent statements or representations as to any manner within its jurisdiction.

\*See Instruction on Reverse Side

NMOCD

OFFICE

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