

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. Colleen Simpson No. 1
2. Name of Operator Central Resources, Inc.	9. API Well No. 30-045-27233
3. Address and Telephone No. P.O. Box 1247, Bloomfield, New Mexico 87413 (505)-632-3476	10. Field and Pool, or Exploratory Area Bisti Lower Gallup
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FSL, 1650' FEL, Section 25, T25N, R12W	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	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>LTSI</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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 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.)\*

A workover study is in progress for the immediate area of this well. Pending results of the study and result of workover of other nearby wells, this well will have a workover and be returned to production. The study should be completed and the workover procedures evaluated within the next year. Please grant "Long Term Shut In" status for this well until December 1, 2000.

14. I hereby certify that the foregoing is true and correct			
Signed	<u>Rodney L. Seale</u>	Title	District Manager
	Rodney L. Seale	Date	September 24, 1999
(This space for Federal or State office use)			
Approved by	<u>WAYNE TOWNSEND</u>	Title	<u>A. T. C.</u>
	Conditions of approval, if any:	Date	<u>10-8-99</u>

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

\*See Instruction on Reverse Side