Form 3160-5				l FORM AT	PPPOVED
(June 1990)				FORM APPROVED Budget Bureau No. 1004-0135	
				Expires: March 31, 1993	
UNITED STATES				5. Lease Designation a	
DEPARTMENT OF THE INTERIOR				NMNM31311	
				6. If Indian, Allottee o	r Tribe Name
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 proposal [1]				7. If Unit or CA. Agree	ement Designation
				S M	
1 Time of Wall					
	as Well Oth	her	OCT 1 2 199	8. Well Name and No. West Bisti Coa	
2. Name of Operator		○ E.E.		9. API Well No.	
Central Resources, Inc.				[√ / 30-045-28799	
3. Address and Telephone No.				10. Field and Pool, or Exploratory Area	
1:0: Box 1247, Bloommeld, New Wickley 87413 (303)-032-3470				Basin Fruitland Coal	
				11. County or Parish, State	
1850' FSL, 2475' FWL, Section 10, T25N, R13W				San Juan, New Mexico	
12. CHECK APPROPRIATE BOX(s) TO	INDICATE NATUR			DATA	
TYPE OF SUBMISSION			PE OF ACTION	C.:	
	<u></u>	Abandonment		Change of Plans	
Notice of Intent		Recompletion		New Construction	
TV a l		Plugging Back		Non-Routine Fracturin	g
X Subsequent Report		Casing Repair	<u></u>	Water Shut-Off	
		Altering Casing		Conversion to Injection	n
Final Abandonment Notice	X	Other LTSI		Dispose Water	
				te: Report results of multi npletion or Recompletion	
13. Describe Proposed or Completed Operations (Clearly state all pertinent	t dates, including estimated	date of starting any p	roposed work. If well is	report and Dog tornt.)
directionally drilled, give subsurface locations	and measured and true v	vertical depths for all mark	ers and zones pertinen	t to this work.)*	
•					
A workover study is in progress	for the immediate a	area of this well. Per	nding results of th	ne 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 a	•				
Please grant "Long Term Shut In	•		•	, vois .	
Tong Tom Sharing	Status for time to	ii dikii December 1,	2000.		(0)
				**	
				•	
				,	1 * * * * * * * * * * * * * * * * * * *
					- 1
					e *
					<u>ن</u> د
					, J
14. I hereby certify that the foregoing is true	and correct				
Signed Hollnen 2. De		District Manager	Da	ate Septe	ember 24, 1999
Rodney I Seale					
(This space for Federal or State office to Approved by WAYNE TOWN	ise)	0 +			10/-
Approved by VVAYNE TOWN	ISEND_ Title	A.T. 2	Da	ate	5/77
Conditions of approval, if any:					

*See Instruction on Reverse Side

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.