

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

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

5. Lease Designation and Serial No.
14-20-604-1951

6. If Indian, Allottee or Tribe Name
Ute

7. If Unit or CA. Agreement Designation
Horseshoe Gallup Unit

8. Well Name and No.
HGU #181

9. API Well No.
30-045-10214

10. Field and Pool, or Exploratory Area
Horseshoe Gallup Unit

11. County or Parish, State
San Juan County, NM

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Central Resources, Inc. c/o Playa Minerals & Energy, Inc.

3. Address and Telephone No.
650 N. Sam Houston Pkwy. E. Suite 500 Houston, Tx. (281) 931-3800

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
990' FNL, 1905' FWL, Sec. 34, T31N, R16W

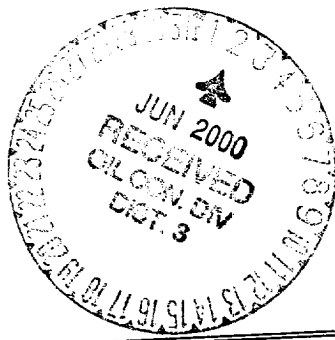
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 Notice	<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"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Reactivation</u>	<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.)*

Workover well; reperforate and refracture treat by Dec. 1, 2000.



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

Signed Mark L. Ehrman Title Regulatory Compliance Date 05/16/00

(This space for Federal or State office use)

Approved by _____ Title _____ Date 5/31/00

Conditions of approval, if any:

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