

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

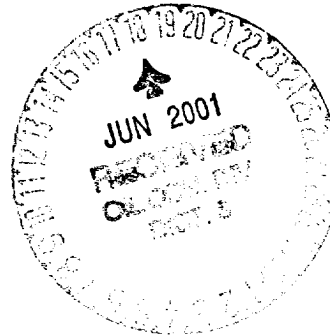
|                                                                                                                                  |                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1. Type of Well<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 8. Well Name and No.<br>HGU #108                                 |
| 2. Name of Operator<br>Central Resources, Inc. c/o Playa Minerals & Energy, Inc.                                                 | 9. API Well No.<br>30-045-10505                                  |
| 3. Address and Telephone No.<br>650 N. Sam Houston Pkwy. E. Suite 500 Houston, Tx 77060 (281) 931-3800                           | 10. Field and Pool, or Exploratory Area<br>Horseshoe Gallup Unit |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>660' FSL, 1980' FEL, Sec. 24, T31N, R17W               | 11. County or Parish, State<br>San Juan County, NM               |

| 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 LTST   |
|                                                                                  | <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.)\*

Well being evaluated for continued production  
Request LTST until 08/31/01



2001 MAR 14 PM 2:38

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

Signed Ken Jackson Title Regulatory Compliance Date 03/12/01

(This space for Federal or State office use)

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

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

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MAR 14 2001

ADMINISTRATIVE OFFICE

NMOCD