

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

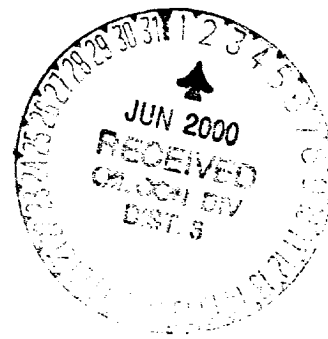
SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. 14-20-604-1951
2. Name of Operator Central Resources, Inc. c/o Playa Minerals & Energy, Inc.	6. If Indian, Allottee or Tribe Name Ute
3. Address and Telephone No. 650 N. Sam Houston Pkwy. E. Suite 500 Houston, Tx. (281) 931-3800	7. If Unit or CA. Agreement Designation Horseshoe Gallup Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1820' FNL, 720' FEL, Sec. 27, T31N, R16W	8. Well Name and No. HGU #155
	9. API Well No. 30-045-13165
	10. Field and Pool, or Exploratory Area Horseshoe Gallup Unit
	11. County or Parish, State 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 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; as specified in the 2000 Plan of Development.



14. I hereby certify that the foregoing is true and correct			
Signed	<u>Mark L. Ehrman</u>	Title	<u>Regulatory Compliance</u>
		Date	<u>05/16/00</u>
(This space for Federal or State office use)			
Approved by		Title	
Conditions of approval, if any:		Date	<u>5/31/00</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