Form 3160-5		FORM APPROVED
(June 1990)		Budget Bureau No. 1004-0135
,		Expires: March 31, 1993
UNITED STATES		5. Lease Designation and Serial No.
DEPARTMENT OF THE INTERIOR		14-20-604-1951
BUREAU OF LAND MANAGEMENT		6. If Indian, Allottee or Tribe Name
SUNDRY NOTICES AND REPORTS ON WELLS		Ute
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		7. If Unit or CA. Agreement Designation
SUBMIT IN TRIPLICATE		Horseshoe Gallup Unit
1. Type of Well  X Oil Well  Gas	Well Other	8. Well Name and No. HGU #163
2. Name of Operator		9. API Well No.
Central Resources, Inc. c/o Play	a Minerals & Energy, Inc.	30-045-13168
3. Address and Telephone No.		10. Field and Pool, or Exploratory Area
650 N. Sam Houston Pkwy. E. Suite 500 Houston, Tx. (281) 931-3800		Horseshoe Gallup Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		11. County or Parish, State
1800' FSL, 2080' FWL, Sec. 27, T31N, R16W San Juan County, NM		
12. CHECK APPROPRIATE BOX(s) T	O INDICATE NATURE OF NOTICE, REPOR	
TYPE OF SUBMISSION	TYPE OF AC	TION
	Abandonment	Change of Plans
Notice of Intent	Recompletion	New Construction
	Plugging Back	Non-Routine Fracturing
X Subsequent Report	Casing Repair	Water Shut-Off
	Altering Casing	Conversion to Injection
Final Abandonment Notice	X Other Reactivation	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 dates and measured and true vertical depths for all markers are	e of starting any proposed work. If well is
directionally diffied, give substitute location.	s and measured and true vertical depths for air markers ar	to zones permient to uns work.
Well returned to production 05/	15/01	
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14. I hereby certify that the foregoing is true.	re and correct  Title Regulatory Compliance	Date 05/18/01
Ken Jackson	Tree Trees T	
(This space for Federal or State office	1150)	
Approved by	Title	Date
Conditions of approval, if any:	AADAV	
	r any person knowingly and willfully to make to any depa	artment or agency of the United States any false,
fictitious or fraudulent statements or representation	ons as to any manner within its jurisdiction.	

\*See Instruction on Reverse Side

ACCEPTED FOR RECORL

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