(June, 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

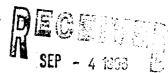
5.	Lease	Designation	and	Serial	No.
14	4-20-0	603-3531			

SUNDKY NOTICES AND REPORTS ON WELLS

Do not use this form for p	6. If Indian, Allotte or Tribe Name					
Use "APPL	Navajo					
SUBMITIN	7. If Unit or CA, Agreement Designation					
1. Type of Well	Horseshoe Gallup Unit					
X Oil Well	Gas Well Other	8. Well Name and No.				
2. Name of Operator	HSGU #106					
CENTRAL RESOURCES,	9. API Well No.					
3. Address and Telephone No.	30-045-10542					
1775 Sherman Street Su	10. Field and Pool, or Exploratory Area					
4. Location of Well (Footage, T, R, M, or S	Horseshoe Gallup					
1850' FSL & 1920' FWL	1850' FSL & 1920' FWL					
/ Sec. 20-T31N-R16W	Sec. 20-T31N-R16W					
12 CHECK APPROPRIATE	BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR O	OTHER DATA				
OF SUBMISSION	TYPE OF ACTION					
	Abandonment	Change of Plans				
Notice of Intent	Recompletion	New Construction				
	Plugging Back	Non-Routine Fracturing				
Subsequent Report	Casing Repair	Water Shut-Off				
	Altering Casing	Conversion to Injection				
Final Abandonment Notice	Surface Casing/Cementing	Dispose Water				
	X Other: REQUEST FOR EXT. OF LTSI	(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 details, and give 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 markets and zones pertinent to this work.)*						

Central Resources, Inc. requests approval for Long Term Shut In status for the subject well. Central is in the process of completing a detailed operations and reservoir study of the Horseshoe Gallup Unit. The study will include a review of all inactive wells, drilling and workover potential, and enhanced recovery options.

THIS APPROVAL EXPIRES SEP 01 (99)



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		DES. 8
14. I hereby certify that the toosgoing is true and correct Signed:	Title: Synor	intaclent Date: 8-27-96
(This space for Federal or State office use)		
Approved by:	Title:	Date:
Conditions of approval, if any:		A P JVEU
Title 18 IJ.S.C. Section 1001, makes it a crime for any person knowingly	and willfully to make to any departmen	nt or agency of the United States any false, fictitious considered ulent