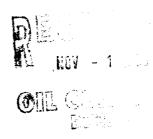
| •                                                                                                                                                         |                                                                                                                                                                                              |                                                      |                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Form 3160-5<br>(June 1990)                                                                                                                                | DEPARTMENT (                                                                                                                                                                                 | O STATES OF THE INTERIOR ND MANAGEMENT RECEIVED      | FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993  5. Lease Designation and Serial No. 14-20-603-2022 |
| Do not use this f                                                                                                                                         | 6. If Indian, Allottee or Tribe Name                                                                                                                                                         |                                                      |                                                                                                                       |
|                                                                                                                                                           | - SUBMIT IN                                                                                                                                                                                  | TRIPLICATE 070 FALLINGTON, NM                        | 7. If Unit or CA. Agreement Designation Horseshoe Gallup Unit                                                         |
| 1. Type of Well Oil Gas Well Well  2. Name of Operator Central Resou  3. Address and Telephone 650 North San  4. Location of Well (Foota 700 669 FNL, 715 | 8. Well Name and No. Horseshoe Gallup Unit #88  9. API Well No. 30-045-10655  10. Field and Pool, or Exploratory Area Horseshoe Gallup  11. County or Parish, State San Juan Co., New Mexico |                                                      |                                                                                                                       |
| 12. CHECK                                                                                                                                                 | APPROPRIATE BOX(s) 1                                                                                                                                                                         | O INDICATE NATURE OF NOTICE, RE                      | PORT, OR OTHER DATA                                                                                                   |
| TYPE OF                                                                                                                                                   | SUBMISSION                                                                                                                                                                                   | TYPE OF ACT                                          | ION                                                                                                                   |
|                                                                                                                                                           | of Intent                                                                                                                                                                                    | Abandonment Recompletion Plugging Back Casing Repair | Change of Plans New Construction Non-Routine Fracturing Water Shut-Off                                                |
| Final A                                                                                                                                                   | bandonment Notice                                                                                                                                                                            | Altering Casing  K Other Reactivation                | Conversion to Injection Dispose Water                                                                                 |

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 markers and zones pertinent to this work.)\*

Well was restored to production on October 1, 1999.



(Note: Report results of multiple completion on large Completion or Recompletion Report and Log form.)

| 14. I hereby certify that the foregoing is true and correct |                                  | 10/00               |
|-------------------------------------------------------------|----------------------------------|---------------------|
| Signed                                                      | Title Regulatory & Environmental | Date                |
| (This space for Federal or State office use)                |                                  |                     |
| Approved by : Conditions of approval, if any:               | Tide                             | ACCEPTED FOR RECORD |
|                                                             |                                  | AUGENTED FOR RECORD |

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 matter within its jurisdiction. or representations as to any matter within its jurisdiction.