

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

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. NM-04407
2. Name of Operator Central Resources, Inc. c/o Playa Minerals & Energy, Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 650 N. Sam Houston Pkwy E. Suite 500 Houston, Tx. 77060 (281) 931-3800	7. If Unit or CA. Agreement Designation Northeast Hogback Unit 14-08-001-6674
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 875' FNL, 585' FWL, Sec.14, T30N, R16W	8. Well Name and No. Northeast Hogback Unit #7
	9. API Well No. 30-045-09575
	10. Field and Pool, or Exploratory Area Horseshoe Gallup
	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 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.)*

Rebuilt pump jack and pump, repaired tubing and returned well production 12/8/99.

RECEIVED
DEC 1 6 1999
OIL COAL DIV
DIST. 3

14. I hereby certify that the foregoing is true and correct		
Signed <u>Mark L. Ehrman</u>	Title <u>Regulatory Compliance</u>	Date <u>12/9/99</u>
(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

ACCEPTED FOR RECORD

DEC 1 1999

ADMINISTRATIVE OFFICE

AMOC