UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

RECEIVED.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

NM-077282

DUKEAU (6. If Indian, Allottee or Tribe Name		
SUNDRY NOTION	CES AND REPORTS ON WELLS Sto drill or to deepen or reentry to a different reconvoir.		
Do not use this form for proposals Use "APPLICATION"	7. If Unit or CA. Agreement Designation		
SUBMIT I	Northeast Hogback Unit		
I. Type of Well X Oil Well G	8. Well Name and No. NEHU #38		
2. Name of Operator	9. API Well No.		
Central Resources, Inc. c/o Playa	30-045-09632		
3. Address and Telephone No.	10. Field and Pool, or Exploratory Area		
650 N. Sam Houston Pkwy. E. S	Horseshoe Gallup		
4. Location of Well (Footage, Sec., T., R., M	11. County or Parish, State		
460' FSL, 860' FWL, Sec. 11, T3	San Juan County, NM		
12. CHECK APPROPRIATE BOX(s) TO	O INDICATE NATURE OF NOTICE, REPORT, OR OTHE	R DATA	
TYPE 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	X Other Reactivation	Dispose Water	
		Note: Report results of multiple completion on Well	
	C	ompletion or Recompletion Report and Log form.)	
15. Describe Proposed or Completed Operations (Clearly state all pertinent dates, including estimated date of starting an	y proposed work. If well is	
unectionally drined, give subsurface locations	and measured and true vertical depths for all markers and zones pertin	ent to this work.)*	

Well returned to production 9/10/99.

COLL COST. DOW.

I hereby certify that the foregoing is true and correct gned		Regulatory & Environmental	Date	10/19/99	
Mark L. Ehrman					
(This space for Federal or State office use)					
proved by	Title		Date		
Conditions of approval, if any:	_				

*See Instruction on Reverse Side

Service Heading

NOV ET 6 1999

ARMING SACILLO UPPICE