

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<br><input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other      WIW | 5. Lease Designation and Serial No.<br>14-20-604-1951            |
| 2. Name of Operator<br>Central Resources, Inc.                                                                                            | 6. If Indian, Allottee or Tribe Name<br>Ute                      |
| 3. Address and Telephone No.<br>P.O. Box 2810, Farmington, New Mexico 87499 (505) 326-3325                                                | 7. If Unit or CA. Agreement Designation<br>Horseshoe Gallup Unit |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>330' FSL, 990' FEL, Sec. 33, T31N, R16W                         | 8. Well Name and No.<br>HGU #211                                 |
|                                                                                                                                           | 9. API Well No.<br>30-045-10083                                  |
|                                                                                                                                           | 10. Field and Pool, or Exploratory Area<br>Horseshoe Gallup Unit |
|                                                                                                                                           | 11. County or Parish, State<br>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"/> Subsequent Report        | <input type="checkbox"/> Recompletion                                   |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back                                  |
|                                                   | <input type="checkbox"/> Casing Repair                                  |
|                                                   | <input type="checkbox"/> Altering Casing                                |
|                                                   | <input checked="" type="checkbox"/> Other      Request for Ext. of LTSI |
|                                                   | <input type="checkbox"/> Change of Plans                                |
|                                                   | <input type="checkbox"/> New Construction                               |
|                                                   | <input type="checkbox"/> Non-Routine Fracturing                         |
|                                                   | <input type="checkbox"/> Water Shut-Off                                 |
|                                                   | <input type="checkbox"/> Conversion to Injection                        |
|                                                   | <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.)\*

Central Resources, Inc. requests approval for Long Term Shut-In status for the subject well.

Central will be addressing future work in the 1998 plan with the Bureau of Land Management to reactivate or plug and abandon inactive producers and injectors in the Horseshoe Gallup Field.

RECEIVED  
MAR - 2 1998

OIL CON. DIV.  
DIST. 3

THIS APPROVAL EXPIRES JAN 10 1999

|                                                             |                            |       |                  |
|-------------------------------------------------------------|----------------------------|-------|------------------|
| 14. I hereby certify that the foregoing is true and correct |                            |       |                  |
| Signed                                                      | <u>Thomas W. DeLong</u>    | Title | District Manager |
| Thomas W. DeLong                                            |                            | Date  | 2-17-98          |
| (This space for Federal or State office use)                |                            |       |                  |
| Approved by                                                 | <u>AS Duane W. Spencer</u> | Title |                  |
| Conditions of approval, if any:                             |                            | Date  | FEB 27 1998      |

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