Form 3160-5
(June 1990)

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

5. Lease Designation and Serial No.
14-20-603-734

6. If Indian, Allottee or Tribe Name
Navajo

7. If Unit or CA. Agreement Designation
Horseshoe Gallup Unit

1. Type of Well
[X] Oil Well   [ ] Gas Well   [ ] Other

8. Well Name and No.
HGU #55

2. Name of Operator
Central Resources, Inc. c/o Playa Minerals & Energy, Inc.

9. API Well No.
30-045-10394

3. Address and Telephone No.
650 N. Sam Houston Pkwy E. Suite 500 Houston, Tx. 77060 (281) 931-3800

10. Field and Pool, or Exploratory Area
Horseshoe Gallup Unit

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1930' FNL, 707' FwL, Sec. 30, T31N, R16W

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

[ ] Notice of Intent

[ ] Subsequent Report

[ ] Final Abandonment Notice

[ ] Abandonment
[ ] Recompletion
[ ] Plugging Back
[ ] Casing Repair
[ ] Altering Casing
[X] Other   Reactivation

[ ] Change of Plans
[ ] New Construction
[ ] Non-Routine Fracturing
[ ] Water Shut-Off
[ ] Conversion to Injection
[ ] 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.)*

Repaired tubing and returned well to production on 10/15/99.

14. I hereby certify that the foregoing is true and correct
Signed _____   Title Regulatory & Environmental   Date 10/20/99
Mark L. Ehrman

(This space for Federal or State office use)
Approved by _____   Title _____   Date _____
Conditions of approval, if any:

*See Instruction on Reverse Side