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

1. Type of Well [X] Oil Well [ ] Gas Well [ ] Other	5. Lease Designation and Serial No. 14-20-603-2037
	6. If Indian, Allottee or Tribe Name Navajo
	7. If Unit or CA. Agreement Designation Horseshoe Gallup Unit
2. Name of Operator Central Resources, Inc. c/o Playa Minerals & Energy, Inc.	8. Well Name and No. HGU #117
3. Address and Telephone No. 650 N. Sam Houston Pkwy E. Suite 500 Houston, Tx 77060 (281) 931-3800	9. API Well No. 30-045-10461
	10. Field and Pool, or Exploratory Area Horseshoe Gallup Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FNL, 2310' FWL, Sec. 25, T31N, R17W	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	[ ] Abandonment	[ ] Change of Plans
	[ ] Recompletion	[ ] New Construction
	[ ] Plugging Back	[ ] Non-Routine Fracturing
[X] 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 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.)*

Well is being evaluated for continued production.
~~Request LTSI until 08/31/01.~~

JUN 2001
RECEIVED
OIL CON. DIV
DIST. 3

2001 MAR 14 PM 2: 39

14. I hereby certify that the foregoing is true and correct

Signed _Ken Jackson_   Title Regulatory Compliance   Date 03/12/01

(This space for Federal or State office use)

Approved by _____   Title _____   Date _____

Conditions of approval, if any:

*See Instruction on Reverse Side

CERTIFIED FOR RECORD

JUN 4 2001

ATTORNEY GENERAL'S OFFICE
BY _____

NMOCD