Form 3160-5 (June 1990)

I. Type of Well
Oil
Well

Gas Well

Other

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT programment

FORM APPROVED
Budger Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

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14-20-600-3531	

8. Well Name and No.

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.

6. If Indian, Allottee or Tribe Name
Navajo

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

2. Name of Operator		Horseshoe Gallup Unit #112
Central Resources, Inc. c/o PLA	YA Minerals & Energy, Inc.	9. API Well No.
3. Address and Telephone No.	(281) 931–3800	30-045-10515
- 	t, Suite 500, Houston, TX 77060	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Desci	ription)	Horseshoe Gallup
7 6 0' FSL, 1980' FEL, Sec. 19 T3	IN R16W	11. County or Parish, State
		San Juan Co., New Mexico
12. CHECK APPROPRIATE BOX(s)	TO INDICATE NATURE OF NOTICE, RE	PORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACT	ION
Notice of Intent	Abandonment	Change of Plans
	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	X Other Reactivation	Dispose Water
		(Note: Report results of multiple completion on 'value' Completion or Recompletion Report and Log form.)
Describe Proposed or Completed Operations (Clearly state all pegive subsurface locations and measured and true vertical of the complete o	rtinent details, and give pertinent dates, including estimated date of s	tarting any proposed work. If well is directionally drilled,

SUBMIT IN TRIPLICATE 070 FAMILIA COL, NM

Returned well to production on 09/16/99.

or representations as to any matter within its jurisdiction.

END COME DOW.

. I hereby certify that the foregoing is true and correct		, /
Signed	Tide Regulatory & Environmental	Date
(This space for Federal or State office use)		
Approved by : Conditions of approval, if any:	Tide	Date
		TOTAL SHOP RECORD

*See Instruction on Reverse Side