Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

Date

APR 1 2 2004

					/	J. Lease a	octial 1	NO.		
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.					MDA 701-98-0013 Tract 4					
					6. If Indian, Allottee or Tribe Name					
						Jicarilla				
SUBMIT IN TRIPLICATE - Other instructions on reverse side					7. If Unit	or CA/.	Agreeme	at, Nam	e and/or No.	
I. Type of Well					24245					
Oil Well Gas Well Other					8. Well Name and No.					
2. Name of Operator						Jicarilla 29-02-16 No. 4 9. API Well No.				
Mallon Oil Co., an indirect wholly-owned subsidiary of Black Hills E & P. India. Address 3b. Phone No.				o. (include area code)						
			,	, ,			30-039-27462 10. Field and Pool, or Exploratory Area			
350 Indiana St., Suite 400, Golden, CO 80401 720-210-130 Location of Well (Footage, Sec., T, R., M., or Survey Description)			0-210-1308	8			East Blanco, Pictured Cliffs			
685' FNL & 690' FWL (NWNW) Unit D Sec. 16, T29N-R02W				11. C			County or Parish, State			
12. CHECK API	PROPRIATE BOX(ES) TO	INI (DICATE NATU	RE O	F NOTICE, RE				ATA	
TYPE OF SUBMISSION	TYPE OF ACTION									
	Acidize		Deepen	\square	Production (Start/	Resume)		Water Sl	hut-Off	
Notice of Intent	☐ Alter Casing		Fracture Treat		Reclamation			Well Inte	egrity	
Subsequent Report	Casing Repair		New Construction		Recomplete			Other _		
	Change Plans		Plug and Abandon		Temporarily Aban	ndon				
Final Abandonment Notice	Convert to Injection		Plug Back		Water Disposal					
following completion of the investing has been completed. Fin determined that the site is ready: Mallon Oil Co., an indirect wholl eturned the well to production on 4-28-04 Note: Clo4:5 Note To Grodnice	y-owned subsidiary of Black In 3/15/2004.	filed	only after all requi	rements	s, including reclam	ation, have	been c	ompleted	l, and th	e operator has
14. 1 hereby certify that the foregoin, Name (PrintedlTyped)	g is true and correct				make, yet lab. Take "					
Allison Newcomb			Title En	gineeri	ng Technician					
Signature Ollison	n Newcome	タ	Date 3/2							
	THIS SPACE F	OR F								
approved by (Signature)	/s/ David R. S	itzl	er N	ame rinted/Typ	ned) Di	ivision	Oful	— — ∕Iulti-	Reso	ources

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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 matter within its jurisdiction.

Office

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.