Form 3160-5 (September 2001)

## UNITEL GATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an

shandoned well. Use Form 3160-3 (APD) for such the Resals 2. Dr

5. Lease Serial No.

Ν	1DA	701-	98-0013	Trage	<u> </u>
4	1610	dian	Allottoo	or Frit	a No

6. If Indian, Allottee or Tribe Name

abandoned we	ell. USe FOITH 3100-3 (APD) II	or such puppes	94.3 PH 1: 03	Jicarilla Apac	he/Tribe
SUBMIT IN TR		Agreement, Name and/or No.			
1. Type of Well				n/a	
Oil Well Gas Well	Other			8. Well Name	and No.
2. Name of Operator		, , , , , , , , , , , , , , , , , , ,	3 non	Jicarilla 29-02	2-30 No. 1
Mallon Oil Co, an indirect wholly-owned subsidiary of Black Hills E & P			9 007 <sub>2004</sub>	9. API Well N	
3a. Address		3b. Phone No. (incl	ude area code)	20	-059-272
350 Indiana Street, Suite 400 Golden, CO 80401 720-210-13				11 54.7	ool, or Exploratory Area
4. Location of Well (Footage, Sec.,	ile N			East Blanco, Pictured Cliffs 1.1. County or Parish, State	
640' FNL & 2165' FEL (NW/NE) Unit B Sec. 30, T29N-R02W				17. County of Parish, State	
	· · · · · · · · · · · · · · · · · · ·			Rio Arriba, N	M
12. CHECK API	PROPRIATE BOX(ES) TO IN	NDICATE NAT	URE OF NOTICE, F	REPORT, OR O	THER DATA
TYPE OF SUBMISSION		TYPE OF ACTION			
	Acidize	Deepen	Production (Sta	rt/Resume)	Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomplete	$\square$	Other Production Casing,
	Change Plans	Plug and Abando	n 🔲 Temporarily A	bandon	Total Depth, & Casing
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		Pressure Test
testing has been completed. Fin determined that the site is ready and allon Oil Company, an indirect 3712.45' KB on 10/1/2002. Ceme A TD of 3720' KB was reached on Pressure test casing on 10/1/2003	wholly-owned subsidiary of Blacented with 1170 sx Premium Lite n 9/30/2002.	ed only after all requestions.	uirements, including reclains on & Production ran 5-	amation, have been	completed, and the operator has
14. I hereby certify that the foregoing Name (PrintedTyped)	g is true and correct	l			
Allison Newcomb			Engineering Technician		
Signature Allies	n Newcomb		/10/2004		
			STATE OFFICE USE		
Approved by (Signature)	Jac RSht		Name	†	fulti-Resources
Conditions of approval, if any, are a certify that the applicant holds lega which would entitle the applicant to co	attached. Approval of this notice do I or equitable title to those rights in onduct operations thereon.	es not warrant or the subject lease	Office	:	SEP 1 3 2004

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.