

Form 3160- 5

UNITED STATES

FORM APPROVED

(August 2007)	DEPARTMENT OF		MAY 08	2014	OMB No. 1004-0137	
	BUREAU OF LAND	MANAGEMENT	Fa.mington Fid	La Com	Expires: July 31,2010	
•	SUNDRY NOTICES AND	REPORTS ON W	ELLS of Land M	30 Lease Serial	No. PContract 464	
Do not use this form for proposals to drill or to re-enter an					lottee, or Tribe Name	
abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other Instructions on page 2.					A. Agreement Name and/or No.	
I. Type of Well	IN I RIPLICATE - Other Ins	structions on page 2.		7. If Ollif Gr C2	A. Agreement Name and/or 190.	
Oil Well Gas Well Other				8. Well Name a	and No.	
2. Name of Operator				Jicarilla 464-29 #716		
Black Hills Gas Resources, Inc.				9. API Well No.		
3a. Address 3200 N 1st St, Bloomfield, NM 87413 3b. Phone No. (include area code) (505) 634-5104				30-039-29888 10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Basin Mancos		
SHL: 655' FNL & 2,400' FWL NE/NW Section 29 T30N R3W (UL: C)				11. County or Parish, State		
BHL: 707' FNL & 2,402' FWL NE/NW Section 29 T30N R3W (UL: C)				Rio Arriba County, New Mexico		
12. CHECK APPI	ROPRIATE BOX(S) TO INDIC	CATE NATURE OF N	NOTICE, REPORT, O	OR OTHER D	ATA	
TYPE OF SUBMISSION	· ·		TYPE OF ACTION			
Notice of Intent	Acidize	Deepen	Production (S	tart/ Resume)	Water Shut-off	
	Altering Casing	Fracture Treat	Reclamation	,	Well Integrity	
V C. 1						
Subsequent Report	Casing Repair	New Construction	Recomplete		<u> </u>	
parent .	Change Plans	Plug and abandon	Temporarily A	Abandon	observation usage	
Final Abandonment Notice '13. Describe Proposed or Completed O	Convert to Injection	Plug back	Water Disposa		· .	
determined that the site is ready for Jicarilla 464-29 #716 was no	•	eservation in the la	st 12 months.		OIL CONS. DIV DIST JUL 2 4 2014	. 3
ACTION DOES NO OPERATOR FROM	L OR ACCEPTANCE OF THIS OT RELIEVE THE LESSEE AI M OBTAINING ANY OTHER N REQUIRED FOR OPERATIO D INDIAN LANDS	ND		JU	L 2 1 2014 STON FIELD OFFICE	
14. I hereby certify that the foregoing is	strue and correct. Name (Printed/Type	d)				
Daniel Manus		Regulator	y Techician		•	
The state of the s	011	Mar	18 201	4		
Signature GUCC	Man >	Date / CCC	10100	/		
	THIS SPACE	FOR FEDERAL OF	STATE OFFICE U	ISE		
Approved by	THIS SPACE	FOR FEDERAL OF	STATE OFFICE U		ate	
	ed. Approval of this notice does not wan	Title	STATE OFFICE U		ate .	

(Instructions on page 2)

