		¥	RECEIVED		
Form 3160- 5 (August 2007)	DEPARTMENT O BUREAU OF LAN	STATES OF THE INTERIOR D MANAGEMENT	JUL 17 201	OMB No. 1004- 0137 Expires: July 31,2010	
L	SUNDRY NOTICES ANI Do not use this form for prop bandoned well. Use Form 310	osais to drill or to re-	enter an	G ¹¹ ¹⁰ ¹⁰ ¹⁰ ¹⁰ ¹¹ ¹⁰ 	
	IN TRIPLICATE - Other Ir			7. If Unit or CA. Agreement Name and/or No.	
1. Type of Well Oi! Well Gas Well	Other	i		8. Well Name and No.	
2. Name of Operator	•				
Black Hills Gas Resources, Inc. 3a. Address 3b. Phone No. (include area code)				9. API Well No. 30-043-20802	
P.O. Box 249 Bloomfield, NM 87413 (505) 634-5104				10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Otero-Sanostee-Gallup	
790' FNL & 790' FWL NE/NW Section 6 T22N R4W (UL: C)				11. County or Parish, State	
				Sandoval County, New Mexico	
· · · · · · · · · · · · · · · · · · ·	ROPRIATE BOX(S) TO IND	DICATE NATURE OF		· · · · · · · · · · · · · · · · · · ·	
TYPE OF SUBMISSION			TYPE OF ACTION		
Notice of Intent		Deepen		(Start/Resume) Water Shut-off	
	Altering Casing	Fracture Treat	Reclamation		
Subsequent Report	Casing Repair	New Construction	Recomplete	Other	
	Change Plans	Plug and abandon	Temporarily	y Abandon	
Final Abandonment Notice	Convert to Injection	Plug back	Water Disp	osal	
Attach the Bond under which the w following completion of the involv testing has been completed. Final A determined that the site is ready for	work will performed or provide the Bo red operations. If the operation results Abandonment Notice shall be filed onl r final inspection.)	nd No. on file with the BLM/ in a multiple completion or re y after all requirements, inclu	BIA. Required subsequer ecompletion in a new inter iding reclamantion, have b	epths of all pertinent markers and zones. It reports shall be filed within 30 days rval, a Form 3160-4 shall be filed once been completed, and the operator has Ibmit the procedure within the next 90	
Black Hills request an	on-site for the reclamatio	on of the location.			
			ACTION DOES OPERATOR FR AUTHORIZATI	VAL OR ACCEPTANCE OF THIS NOT RELIEVE THE LESSEE AND OM OBTAINING ANY OTHER ION REQUIRED FOR OPERATIONS AND INDIAN LANDS	
14. I hereby certify that the foregoing i	s true and correct. Name (Printed/ Ty	ped)	<u>.</u>		
Daniel Manus	. /	Regulate	ory Technician II		
simon Anna. V	Manes	Date	1/11/7	2015	
Signature WUGLAT	THIS SPAC	E FOR FEDERAL O	R STATE OFFICE	USE	
Approved by		1			
Tothe	ange	Title	YE_	Date 9/17/15	
Conditions of approval, if any are attach that the applicant holds legal or equitable entitle the applicant to conduct operation	e title to those rights in the subject lea		FFO		

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 any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. (Instructions on page 2)

.

R