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| Form 3160- 5 | | UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT | | | | FORM APPROVED | |
| August 2007) | | | | | | FORM APPROVED OMB No. 1004- 0137 Expires: July 31, 2010 | |
| | | BUREAU OF L | AND MANAGEM | | 5. Lease Seria | I 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. | | | | 5. Lease Serial No. MDA 701-98-0013, Tract 2 and Field Off 6. If Indian, Allottee, or Tribe Name Jicarilla Apache Tribe 7. If Unit or CA. Agreement Name and/or No. | |
| | | | | | | | |
| | | IN TRIPLICATE - Othe | | | | A. Agreement Name and/or No. | |
| . Type of Well | | | n mod dodono on p | ugo a. | - | | |
| Oil Well | Gas Well | Other | | | 8. Well Name | | |
| 2. Name of Operator | | | | | Jicarilla 29-03-11 #1 2 | | |
| Black Hills Gas Resources, Inc. | | | | | 9. API Well No. 30-039-26731 | | |
| 3a. Address 3200 N 1st St, Bloomfield, NM 87413 | | | 3b. Phone No. (include area code) (505) 634-5104 | | | Pool, or Exploratory Area | |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description | | | | | | Cabresto Canyon; Tertiary | |
| 2050' FNI | L & 630' FEL | SE/SE Section 11 T | 29N R3W (UL: H | I) | 11. County or | and the second sec | |
| | | Let a star | | Sel Mieron | and the second design of the s | riba County, New Mexico | |
| 12 | 2. CHECK APPR | COPRIATE BOX(S) TO | INDICATE NATUR | E OF NOTICE, REPOI | RT, OR OTHER I | DATA | |
| TYPE OF SU | UBMISSION | 10 A.S. 12 12 - | 1. 1. 1. 1. 1. 1. | TYPE OF ACTION | ON | | |
| Notice of | f Intent | Acidize | Deepen | Producti | ion (Start/Resume) | Water Shut-off | |
| | | Altering Casing | Fracture Treat | Reclama | ation | Well Integrity | |
| Subsequent Report | | Casing Repair | New Construction | H | | Other Record clean up | |
| A Subsequer | an Report | E | H | Ξ. | | Y Other Record clean up | |
| | | Change Plans Plug and abandon Temporarily Abandon | | | | | |
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| 13. Describe Propo If the proposal i Attach the Bone following comp testing has been | is to deepen direction and under which the we apletion of the involve | Convert to Injection peration Clearly state all pertinen- nally or recomplete horizontally, ork will performed or provide th d operations. If the operation re- bandonment Notice shall be file final inspection.) | , give subsurface locations the Bond No. on file with the sults in a multiple completi | and measured and true vertice e BLM/ BIA. Required subsection or recompletion in a new i | sed work and approxim al depths of all pertinen quent reports shall be fi interval, a Form 3160-4 | nt markers and zones. iled within 30 days 4 shall be filed once | |
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