Form 3160-5 (September 2001)

(Continued on next page)

UNITED STATES 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 abandoned well. Use Form 3160-3 (APD) for such proposals.

Jicarilla Apache Tribe

5. Lease Serial No.

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side						7. If Unit of CA/Agreement, Name and/or No.				
1. Type of Well	1				0.37/.11.37		. 131.			
Oil Well Gas Well Other 2. Name of Operator						8. Well Name and No.				
2. Name of Operator Black Hills Gas Resources, Inc.					Jicarilla 29-02-04 No. 21 9. API Well No.					
3a. Address	3b. Phone No. (include area code)				30-039-27674					
DO Pay 240 Bloomfold NM 97412		505-634-1111				10. Field and Pool, or Exploratory Area				
PO Box 249 Bloomfield, NM 87413 [505-634- 4. Location of Well (Footage, Sec., T. R., M., or Survey Description)					East Blanco, Pictured Cliffs					
1105' FNL 7 1085' FWL (NW NW) Unit D Sec. 4, T29N - R02W					11. County or Parish, State Rio Arriba, NM					
12. CHECK API	PROPRIATE BOX(ES) TO	INDICATE 1	NATURE (OF NOTICE, I	REPORT, OI	R OT	THER	DATA		
TYPE OF SUBMISSION	TYPE OF ACTION									
Notice of Intent	Acidize [Production (Sta	roduction (Start/Resume) Water Shut-Off							
	Alter Casing	Deepen Fracture Tre	at \Box	Reclamation	,			Well Integrity		
	Casing Repair	New Constr		Recomplete					tion Casing	
✓ Subsequent Report		Plug and Ab		Temporarily A	handan	4	Outer			
Final Abandonment Notice	Change Plans Convert to Injection	Plug Back		Water Disposal				_	Pressure Test	
	Convert to injection	Flug Dack		water Disposar	······································			Total D	repun	
testing has been completed. Findetermined that the site is ready to Black Hills Gas Resources, Inc. re A TD of 4510' was reach on 5/14 Casing pressure tested on 1/9/05 — See Violation	an 5-1/2", 17 lb production casi 4/04. to 2000 psi.	filed only after a	Il requiremen	vith 660 sacks or	amation, have be	ated 1 070 FARSINGION	5 sack	ed, and ti	he operator has	
 I hereby certify that the foregoin Name (PrintedlTyped) 	ig is true and correct			Co Jair	•					
Agatha Snell 1			itle Admin.	Tech.	<u>ن</u>					
Signature (Un Mo.S.)	elo		Date 2/22/06	<u>i</u>						
Ú	THIS SPACE FO	OR FEDERAL	OR STAT	E OFFICE US	E					
Approved by (Signature)			Name (Printed/	Typed)		Title	OÚEP1 e	EO FO	DR RECORD	
Conditions of approval, if any, are attached. Approval of this notice does not warrant certify that the applicant holds legal or equitable title to those rights in the subject les which would entitle the applicant to conduct operations thereon.			office ease				D.		2006	
Title 18 U.S.C. Section 1001 and Ti States any false, fictitious or fraudule	itle 43 U.S.C. Section 1212, make ent statements or representations as	it a crime for any to any matter wi	person know thin its jurisdi	ingly and willfull ction.	y to make to an	y dep	PARRIED	Gregeno Gregeno	y of the United	