Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BURGALLOG LAND MANAGEMENT

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

BUREAU OF LAND MANAGEMENT

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS

To not use this form for proposals to drill or to re-enter an phandoned well. Use Form 3160-3 (APD) for such proposals 29

MDA 701-98-0013 Tract 4

Do not use th abandoned we	is toi ell. Us	rm for proposals to se Form 3160-3 (APD	arıı) foi	r such propုဝုဒ	er an Mar 29	9 PH 2: 19	6. If Indian, ÚJicarilla Ar		ottee or Tribe Name e Tribe	
SUBMIT IN TRIPLICATE - Other instructions on reverse side							7. If Unit or CA/Agreement, Name and/or No. 32537			
1. Type of Well										
Oil Well Gas Well Other							8. Well Name and No.			
2. Name of Operator							Jicarilla 29-02-21 No. 1			
Mallon Oil Co., an indirect wholly-owned subsidiary of Black Hills E & P, Inc.							9. API Well No.			
3a. Address				3b. Phone No. (include area code)			30-039-27463			
350 Indiana St., Suite 400, Golden, CO 80401				720-210-1308			10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T, R., M., or Survey Description) 560' FNL & 865' FWL (NW/NW) Unit D Sec. 21, T29N-R02W							Fruitland Coal Basin 11. County or Parish, State Rio Arriba, NM			
12. CHECK AP	PROF	RIATE BOX(ES) TO	INI	DICATE NAT	URE O	F NOTICE, RE				
TYPE OF SUBMISSION	TYPE OF SUBMISSION TYPE OF ACTION									
		Acidize		Deepen	Production (St		art/Resume)		Water Shut-Off	
✓ Notice of Intent		Alter Casing		Fracture Treat	reat Reclamation				Well Integrity	
Subsequent Report		Casing Repair		New Construction	n 🔲	Recomplete		\square	Other	
Subsequent respect		Change Plans		Plug and Abando	lon 🔲	Temporarily Abandon				
Final Abandonment Notice		Convert to Injection		Plug Back		Water Disposal	er Disposal			
determined that the site is ready Mallon Oil Co., an indirect wholl well in the Fruitland Coal Basin f	y-own	ed subsidiary of Black F	Hills	Exploration & F	Productio	المراجعة الم	complete the	200	ove referenced	
14. 1 hereby certify that the foregoin Name (PrintedlTyped)	g is tru	e and correct								
Allison Newcomb		Title Engineering Technician								
Signature Allwor) /	Jewcomb		Date 3	Date 3/24/2004					
	1	THIS SPACE F	OR F	EDERAL OR	STATE	OFFICE USE				
Approved by (Signature)	_/\$	/ David R. Sitzl	of		Name (Printed:Ty)	ped)	Divisi	คก	of Multi-Resourc	
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c	attache	ed. Approval of this notice	e doc	s not warrant or he subject lease	Office				AFR 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.