Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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MDA 701-98-0013 Tract 4

FORM APPROVED OMB No. 1004-0135 xpires: 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.

| abandoned w | 6. If Andian, Allottee or Tribe Name Jicarilla Apache Tribe | | | | | |
|--|--|---|--|-------------------------------------|--|--|
| | | | | | | |
| SUBMIT IN TRIPLICATE - Other instructions on reverse side | | | | | 7. If Unit or CA/Agreement, Name and/or No. | |
| I. Type of Well | 33420 | | | | | |
| Oil Well Gas Well | { | 8. Well Name and No. | | | | |
| 2. Name of Operator | Jicarilla 29-02-18 No. 3 9. API Well No. | | | | | |
| Mallon Oil Co., an indirect whol 3a. Address | 30-039-27594 | | | | | |
| | 3b. Phone No. (include area code) | | 10. Field and Pool, or Exploratory Area | | | |
| 350 Indiana Street, Suite 400 Go 4. Location of Well (Footage, Sec., | | 720-210-1308 | | East Blanco, Pictured Cliffs | | |
| 1740' FSL & 2140' FEL (NWSW Sec. 18, T29N-R02W | | | | 11. County or F | Parish, State | |
| 12. CHECK AP | PROPRIATE BOX(ES) TO | INDICATE NA | TURE OF NOTICE, RI | | | |
| TYPE OF SUBMISSION | | | TYPE OF ACTION | | | |
| | Acidize [|] Deepen | Production (Start/ | Resume) | Water Shut-Off | |
| Notice of Intent | Alter Casing | Fracture Treat | Reclamation | | Well Integrity | |
| Subsequent Report | Casing Repair | New Construction | n Recomplete | . 🗆 | Other Spud Notice & | |
| _ | Change Plans | Plug and Abando | | ndon | Surface Casing | |
| Final Abandonment Notice | Convert to Injection | Plug Back | Water Disposal | | | |
| Mallon Oil Company, an indirect Drilled a 12 -1/4" hole, 8-5/8", 24 | 4 lb surface casing was set at 245 | ack Hills Explorati | on & Production, Inc. spu 175 sx of Class B/Type II APR 2004 | d the above refe I cement. Retur | orenced well on 3/15/2004. renced 13 bbls to surface. 04 MAR 24 AM 10: 5 | |
| 14. I hereby certify that the foregoin Name (PrintedlTyped) | g is true and correct | | | | | |
| Allison Newcomb | - | Title | Engineering Technician | | | |
| Signature allians | n Thursomk | 2 Date | 3/18/2004 | | | |
| | THIS SPACE FO | R FEDERAL OR | STATE OFFICE USE | | | |
| Approved by (Signature) | /s/ David R. Sitzler | | Name (Printed:Typed) | Division | ្ត of Multi-Resources | |
| Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to come the condition of the conditions of the c | attached. Approval of this notice of a conduct operations thereon. | loes not warrant or in the subject lease | Office | | DaAPR 1 2 2004 | |