Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BURGALL OF LAND MANAGEMENT

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

1	BUREAU OF LAND MANA	GEMEN	L		5.	Lease Seri	al No.			
SUNDRY NOTICES AND REPORTS ON WELLS						Jic 464				
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.						6. If Indian, Allottee or Tribe Name				
abandoned we	ell. Use Form 3160-3 (APD)	tor suci	n propos	als.		- M				
					A Fire	carilla Apa				
SUBMIT IN TR	IPLICATE - Other instru	ctions	n rever	se sid	-12110000000000000000000000000000000000	If Unit of:	. •	nent, Nai	ne and	Vor No.
1. Type of Well					DIV ALBUNU	ENVAUE	N M			
Oil Well Gas Well	Other				8.	Well Nam	e and No.			
2. Name of Operator						Jicarilla 4	64 #8			
Mallon Oil Company an wholly-owned subsidiary of Black Hills Exploration and Pro						API Well	No.			
3a. Address 3b. Phone No.				ıde area	code)	30-039-24253				
350 Indiana St., #400, Golden, CO 80401 720-210-130				10. Field and Pool, or Exploratory Area					1	
4. Location of Well (Footage, Sec., T, R., M., or Survey Description)						East Blanco; Pictured Cliffs				
1850' FSL and 1450' FWL (NESW) Unit K						11. County or Parish, State				
							Rio Arriba, NM			
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICA	TE NAT	URE O	F NOTICE, REPO	ORT, OR	OTHER	DATA		
TYPE OF SUBMISSION			7	ГҮРЕ О	F ACTION					
	Acidize [Deepe		$\overline{}$	Production (Start/Res		Water	Shut-Of		
Notice of Intent	Alter Casing	= :		7	•	iuilie) [L	
		_	re Treat		Reclamation	l, r		ntegrity		
Subsequent Report	Casing Repair		Construction		Recomplete	Ļ	Other			
□ r:-141	Change Plans		nd Abandon	` <u>!</u>	Temporarily Abando	n				
Final Abandonment Notice	Convert to Injection	Plug B	Back		Water Disposal					
testing has been completed. Fin determined that the site is ready Mallon Oil Company, an indirect well was returned to production o	wholly-owned subsidiary of Bl	iled only a	after all requ	uirement	s, including reclamation	on, have bee	en complet	ed, and t	he ope	erator has
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14. 1 hereby certify that the foregoing Name (PrintedlTyped)	g is true and correct		1							
• • • • • • • • • • • • • • • • • • • •			Title							
Allison Newcomb			Time E	ngineeri	ng Technician					
Signature Alle	n Newcom.	<u>b</u>	Date 2	/18/04						
ALIAN AND AND AND AND AND AND AND AND AND A	THIS SPACE FC	RFEDE	RAL OR	STATE	OFFICE USE		"我是说 "		ATA:	
Approved by (Signature)	/s/ David R. Sitz	1-1-2-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Name (Printed/Ty)	STATE OF STA	ivisidก	_{it} ρf Μι	ulti-R	eso	urce
Conditions of				Office	, cu _j					
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c	il or equitable title to those rights	does not v		OHICE			Da	APR	8 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.