Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

Ī	BUREAU OF LAND MANA	GEMENT			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.				5. Lease Ser		
				Jicarilla 4	Allottee or Tribe Name	
				Jicarilla Ap		
	IPLICATE - Other instruc	ctions on revers	e side 🏸 🏄 🧺	7. If Onit or	CA/Agreement, Name and/or No.	
1. Type of Well				N/A		
Oil Well Gas Well Other				8. Well Name and No.		
2. Name of Operator Mallon Oil Company, an indirect wholly counsed subsidiary of Black Hills Explored:				Jicarilla 9. API Wel	458-8 No. 9	
Mallon Oil Company, an indirect wholly-owned subsidiary of Black Hills Explorati 3a. Address 3b. Phone No. (include area code)				30-039-25758		
				10. Field and Pool, or Exploratory Area		
350 Indiana St., #400, Golden, CO 80401 720-210-1300 4. Location of Well (Footage, Sec., T, R., M., or Survey Description)				East Blanco, Pictured Cliffs		
4. Location of Well (rootage, Sec., 1, R., M., or Survey Description) 1450' FSL and 1450' FWL (NESW) Unit K					or Parish, State	
•				Rio Arri	ba, NM	
12. CHECK API	PROPRIATE BOX(ES) TO	INDICATE NATU	IRE OF NOTICE, RE	PORT, OR	OTHER DATA	
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	Recomplete		Other	
Subsequent Report	Change Plans	Plug and Abandon	Temporarily Aba	ndon		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		- 10 th	
Mallon Oil Company, an indirect the well was returned to production. Note: Control of C	for final inspection.) wholly-owned subsidiary of Blace on 12/7/03.				l, a Form 3160-4 shall be filed once the completed, and the operator has the completed. The completed is a second completed in the complete in	
14. 1 hereby certify that the foregoing Name (PrintedlTyped) Allison Newcomb Signature Approved by (Signature)	n Newcom	Date PRINCE OR S	ngineering Technician Since 2004 STATE OFFICE USE Name Printed/Typed)	ivision c	ofoMulti-Resources	
Conditions of approval if any are			Office Street			
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c	attached. Approval of this notice all or equitable title to those rights conduct operations thereon.	does not warrant or i	•		Date APR § 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.