Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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.

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

5 Dease Serial No.	
Jicarilla Contract #460	
6. If Indian, Allottee or Tribe Name	
AH IN: 16	

abandoned we	II. Use Form 3160-3 (APD) for	such propos	als. 04 FEB 2	od amili:	pache Tribe	vallic	
SUBMIT IN TR	IPLICATE - Other instruction	ns on rever	se sideU10 ALBU	EUZ-ROUE!	CAIAgreement, N	ame and/or No.	
1. Type of Well ☐ Oil Well ☐ Other					23336 8. Well Name and No.		
2. Name of Operator					Jicarilla 460-21 No. 1		
Mallon Oil Co, an indirect wholly-owned subsidiary of Black Hills E & P					9. API Well No.		
3a. Address 3b. Phone No. (include area code)					30-039-25866		
350 Indiana Street, Suite 400 Golden, CO 80401 720-210-1308					10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., 1456' FNL & 1476' FWL (SE/NV Sec. 21, T30N-R03W	T, R., M., or Survey Description) V) Unit F				co, Pictured Cliffs or Parish, State a. NM	<u>; </u>	
12. CHECK API	PROPRIATE BOX(ES) TO IND	ICATE NAT	URE OF NOTICE,	REPORT, OF	R OTHER DAT	A	
TYPE OF SUBMISSION			TYPE OF ACTION				
☐ Notice of Intent ☐ Subsequent Report	Alter Casing F	Deepen Fracture Treat New Construction	Production (Some Reclamation Recomplete	art/Resume)	Water Shut-C Well Integrity Other		
☐ Final Abandonment Notice		Plug and Abandor Plug Back	Temporarily A Water Disposa				
following completion of the investing has been completed. Fin determined that the site is ready: Mallon Oil Co, an indirect wholly formation. The well has been returned.	r-owned subsidiary of Black Hills E arned to production on 1/26/2004.	s in a multiple co only after all req	mpletion or recompletion uirements, including rec	n in a new interv lamation, have b	al, a Form 3160-4 s een completed, and	hall be filed once the operator has	
14. I hereby certify that the foregoing Name (PrintedlTyped)	g is true and correct						
Allison Newcomb		Title E	Ingineering Technician	1			
Signature (11156)	1 Yewcomb	Date 2	./18/2004				
	THIS SPACE FOR F	EDERAL OR	STATE OFFICE US	BE .			
Approved by (Signature)	/s/ David R. Sitzler	·	Name (Printed Typed)	Divisio	Title of Multi-	Besource	
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c	attached. Approval of this notice does	not warrant or	Office		Date APR	8 200 4	

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.