Form 3160-5 (September 2001)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED

1 010	., LD
OMB	No. 1004-0135
Expires:	January 31, 2004

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an

5. Lease Serial No. MDA 701-98-0013

Do not use the	is form for proposals to ell. Use Form 3160-3 (APD	dri.	ll or to re-ente or such propos	eran Sals.	_		6. If Indian	, Allo	ttee or Tribe Name
			7047	AR'I	1	AH II: 59	Jicarilla A	pach	c Tribe
SUBMIT IN TR	IPLICATE - Other instru	ıcti	ons on the	PBAM	de	ERQUE. N.M	7. If Unit o	r CA/	Agreement, Name and/or No.
1. Type of Well						<del></del>	24252		
Oil Well Gas Well	Other						8. Well Na	ıme a	nd No.
2. Name of Operator							Jicarilla 2		
Mallon Oil Co., an indirect wholl	y-owned subsidiary of Black I						9. API We		
Ba. Address	dress 3b. Phone No. (include area code)						30-039-26115 10. Field and Pool, or Exploratory Area		
350 Indiana St., Suite 400, Golde		720-210-1308				La Jara Canyon, Tertiary			
ł. Location of Well <i>(Footage, Sec.,</i> 1768' FSL & 437' FWL (NWSW) Sec. 29, T29N-R02W					11. County or Parish, State				
							Rio Arrib	a. NI	А
12. CHECK API	PROPRIATE BOX(ES) TO	IN	DICATE NAT	URE (	OI	NOTICE, RI	EPORT, O	R OT	HER DATA
TYPE OF SUBMISSION			ACTION						
	Acidize	ā	Deepen		]	Production (Start	/Resume)		Water Shut-Off
Notice of Intent	Alter Casing		Fracture Treat		]	Reclamation			Well Integrity
Subsequent Report	Casing Repair		New Construction		1	Recomplete		$\square$	Other La Jara Canyon,
	Change Plans		Plug and Abandor	n 🗀	]	Temporarily Aba	indon		Tertiary completion
Final Abandonment Notice	Convert to Injection		Plug Back		3	Water Disposal			
Mallon Oil Company, an indirect formation of the above referenced		Black	c Hills Exploratio	on & Pr	roc	1677	CO 21 22 2	3242 99 20	Silving and the second
14. 1 hereby certify that the foregoing Name (PrintedlTyped)	g is true and correct		1		==			-	
Allison Newcomb			Title E	Enginee	rii	ng Technician			
Signature Allison	y Newcom	b		3/15/20					
	THIS SPACE F	OR			_	OFFICE USE			
Approved by (Signature)				Name (Printed)		· · · · · · · · · · · · · · · · · · ·	Divisio	Դ <sub>i</sub> Q	f Multi-Resources
Conditions of approval if any are			<del></del>	Office	<u></u>		·	L	Date
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c	I or equitable title to those right	s in	the subject lease				,		APR 2 1 2004