Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Serial No.

Jicarilla Contract #462

CONDIN	CI MOTIOES AND INEL		OH WELLO		Jicariii	Jicarilla Contract #462			
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			
							Jicarilla Apache Tribe		
SUBMIT IN TRIPLICATE - Other instructions on reverse side							7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well	· · · · · · · · · · · · · · · · · · ·				23823				
Oil Well Gas Well Other							8. Well Name and No.		
2. Name of Operator					Jicarill	Jicarilla 462-26 No. 9 9. API Well No.			
Mallon Oil Co, an indirect wholl	y-owned subsidiary of Black	Hills E	& P		9. API				
3a. Address		3b.	3b. Phone No. (include area code)			30-039-25998			
350 Indiana Street, Suite 400		720	720-210-1308			10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec.,		East Blanco. Pictured Cliffs							
1488' FNL & 1480' FWL (SE/N)	11. Cou	11. County or Parish, State							
Sec. 26, T30N-R03W						Rio Arriba, NM			
12 CHECK AD	DDODDIATE DOV/EC) T	O INID	NO ATE MAT	UDEO					
	PROPRIATE BOX(ES) T	UIND			· · · · · · · · · · · · · · · · · · ·	<u>OR O</u>	THER DATA		
TYPE OF SUBMISSION				TYPE O.	FACTION		· · · · · · · · · · · · · · · · · · ·		
	Acidize		Deepen		Production (Start/Resume)		Water Shut-Off		
Notice of Intent	Alter Casing	☐ F	Fracture Treat		Reclamation		Well Integrity		
Subsequent Report	Casing Repair		New Construction		Recomplete	\Box	Other Total Depth &		
	Change Plans	☐ P	Plug and Abandon		Temporarily Abandon		Pressure Test Casing		
Final Abandonment Notice	Convert to Injection	□ P	lug Back		Water Disposal				
Mallon Oil Company, an indirect Pressure test casing on 4/18/2001	•	Black I	Hills Exploratio	n & Pro	duction reached a TD of 3	950' on	04 FEB 17 AM 11: 11		
14. I hereby certify that the foregoin Name (PrintedlTyped)	ng is true and correct					<u>/ </u>			
Allison Newcomb			Title E	ngineeri	ng Technician				
Signature Alles	n Newcon	12	Date 2	/12/2004					
	THIS SPACE	FOR F	EDERAL OR	STATE	OFFICE USE				
Approved by (Signature)	/s/ David R. Sit	zier	i i	Name (Printed Ty)	_{ped)} Division	n of	Multi-Resource		
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to contact the contact to contact the applicant the applicant to contact the applicant to contact the applicant the ap	attached. Approval of this note al or equitable title to those rig conduct operations thereon.	ce does hts in th		Office		SI	Date 2 7 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.