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

er"	OMB No. 1004-0135 Expires: January 31, 2004
5. L	ease Serial No.
ΜI	OA 701-98-0013 Tract 4
6. II	Indian (Allouse or Tribe Name
7.1	Unit or CA/Agreement, Name and/or No.

		· · ·		Jicarilla Apacl		
SUBMITINITA	RIPLICATE - Other Institu	etlens entreverse	şiğê (4 AUG 25	/Agreement, Name and/or No. AM 10: 54	
1. Type of Well			0.	21: 24235.		
Oil Well Gas Well	8. Well Wante	and No. N.M.				
2. Name of Operator				Jicarilla 30-03	3-35 No. 5	
Mallon Oil Co., an indirect whol 3a. Address	ly-owned subsidiary of Black H			9. API Well N		
			No. (include area code) 30-039-27673 1308 10. Field and Pool, or Exploratory Area			
350 Indiana Street, Suite 400 Go		720-210-1308			Pictured Cliffs	
4. Location of Well (Footage, Sec., 520' FSL & 1880' FWL (SESW) Sec. 35, T30N-R03W	11. County or P	arish, State				
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NATU	RE OF NOTICE, R	EPORT, OR O	THER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
□ Notice of Intent □ Acidize □ Alter Casing □ Casing Repair □ Change Plans □ Convert to Injection		Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (Star Reclamation Recomplete Temporarily Ab		Water Shut-Off Well Integrity Other Production Casing & Pressure Test Casing	
following completion of the inv	t wholly-owned subsidiary of Bl ith 778 sxs of cmt. Circulated 3	esults in a multiple comp filed only after all require ack Hills Exploration &	letion or recompletion ements, including recla	in a new interval, a mation, have been	Form 3160-4 shall be filed once completed, and the operator has	
Pressure test casing on 7/6/2004	o 2000 psi. Held OK.			SEF 2000		
14. I hereby certify that the foregoin Name (PrintedlTyped)	g is true and correct					
Allison Newcomb		Title Eng	Title Engineering Technician			
Signature Allison	L Newcomb	Date 8/23	3/2004			
	MUNICUTHIS SPACETE	RHEPERALPIA	ATEORIGENSE			
Approved by (Signature)	/s/ David R. Sitzle	Pri	me nted/Typed)	Division 😈	Multi-Resources	
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to o	al or equitable title to those rights	anes not wattailt of I	fice		Date SEP 2 7 2004	
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