Form 3160-5 (September 2001)

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

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

FORM APPROVED 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 abandoned well. Use Form 3160-3 (APD) for such proposals.

6. If Indian, Allottee or Tribe Name

	·				Jicarilla A	pach	e Tribe		
SUBMIT IN TR	IPLICATE - Other instru	ctions or	reverse side	9	7. If Unit o	r CA/	Agreement,	Name and/or No.	
1. Type of Well					24254 8. Well Name and No.				
Oil Well Gas Well Other 2. Name of Operator									
Mallon Oil Co, a wholly-owned subsidiary of Black Hills E & P						Jicarilla 28-02-05 No. 1			
			3b. Phone No. (include area code)			30-039-26098			
350 Indiana St. Suite 400 Golden, CO 80401 720			308	10. Field and Pool, or Exploratory Area					
4. Location of Well (Footage, Sec., T, R., M., or Survey Description)					East Blan	co, P	ictured Clif	fs	
1760' FSL & 1760' FEL (NW/SE) Unit J						11. County or Parish, State			
Sec. 5, T28N-R02W					.				
				ENGRICE D	Rio Arrib				
	PROPRIATE BOX(ES) TO	INDICAT			EPORT, O	K 0.1	HER DA	I'A	
TYPE OF SUBMISSION			TYPEO	F ACTION				<u> </u>	
	Acidize [Deepen		Production (Start	art/Resume)		Water Shut-Off		
Notice of Intent	Alter Casing	Fracture	Treat	Reclamation			Well Integri	-	
Subsequent Report	Casing Repair	New Co	nstruction 🔲	Recomplete		Δ	Other Tota	l Depth & Csg	
	Change Plans	= -	Abandon 🔲	Temporarily Aba	ndon		Test		
Final Abandonment Notice	Convert to Injection	Plug Ba	ck 🔲	Water Disposal					
testing has been completed. Fin determined that the site is ready to Mallon Oil Company, a wholly-o Pressure test casing on 6/24/2003	wned subsidiary of Black Hills to 1900 psi.	filed only afi	er all requirement	s, including reclar	nation, have t	een c	ompleted, ar U4 FED - 3 MILIO: 1	d the operator has	
14. I hereby certify that the foregoin Name (PrintedlTyped)	g is true and correct	400	W5317					, 4	
Allison Newcomb		 	Engineer Engineer	ing Technician					
Signature UllSON	L Yfewcome	<u>b</u>	Date 2/5/2004						
	THIS SPACE FO	R FEDER	AL OR STATE	OFFICE USE			1 2 2		
Approved by (Signature)	Van 11 =	a Com	Name (Printed/Ty	rped) D	ivision	Jf t	⁄lulti-R€	esources	
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c	al or equitable title to those rights	does not wa in the subje	rrant or Office				Date 2/1	13/04	