Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS 1 1 1 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	ļ

5. Lease Serial No.	
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MDA	701	_QQ_	.nn	13

6. If Indian, Allottee or Tribe Name

			مستند	TONIUM	Jicarilla A	pach	e Tribe
្ត្រី និមិនប្រជាព្រះ	સહલ્ ઝ .૪૪=-ૄઆત:ૠીત્રસંતુ	संक्षित्र विद्यापदः (४०) ह	rivalet		7. If Unit or	CA/	Agreement, Name and/or No.
1. Type of Well		•	22.20.20.		25496		$\Sigma_{i,j} = \{i, j \in \mathcal{I}_i\}$
Oil Well Gas Well	1 Other	garting of the American South of the State o		and in the same of the same	8. Well Na	me a	nd No. 10 and 10 and 10
2. Name of Operator	The state of the s	a		V. 1	Jicarilla 29		4
Black Hills Gas Resources, Inc.	and the second second second second		1		9. API Wel		
3a. Address		3b. Phone No. (inch	ude area d	code)	30-039-26		•
		. '		,			ol, or Exploratory Area
350 Indiana Street, Suite 400 Go		720-210-1308					ictured Cliffs
4. Location of Well (Footage, Sec., 770' FNL & 725' FWL (NW/NW					11. County		
Sec. 33, T29N-R02W) Olli D				rr. county		
300. 33, 12311 R02 W					Rio Arriba	a NIA	м ·
12. CHECK API	PROPRIATE BOX(ES) TO	INDICATE NAT	URE O	F NOTICE, RE			
		·····					
TYPE OF SUBMISSION			I YPE OI	FACTION			•
	Acidize [Deepen		Production (Start/	Resume)		Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	ᅙ	Reclamation	,	ī	Well Integrity
		New Construction	. 8	Recomplete			Other Packer Test
✓ Subsequent Report	Casing Repair			•		Œ.	Other I dead I test
The same apparent	Change Plans	Plug and Abandor	` 💾	Temporarily Aba	ngon		
Final Abandonment Notice	Convert to Injection	Plug Back	u,	Water Disposal			
determined that the site is ready Black Hills Gas Resources. Inc. to	and the second second	3 · 1 · 3 · 3 · 4 · 4 · 4 · 4 · 4 · 4 · 4 · 4		500 psi.	3 K 15 16	1718	TO THE STATE OF TH
14. I hereby certify that the foregoing Name (PrintedlTyped)	g is true and correct	Title					
Allison Newcomb		1,,,,,	ngineeri	ng Technician			
Signature allian	n Thewcomb		/30/2004				
	A ATHISISPACE RO	सिन्न विनिहर ी प्रशास	SIATE				
Approved by (Signature)	/s/ David R. Sitzler		Name (Printed/Typ	ped)	ivision	Pili	Multi-Resources
Conditions of approval, if any, are certify that the applicant holds lega	attached. Approval of this notice	does not warrant or in the subject lease	Office				Date DEC 1 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.