Form 3160-5 (April 2004)

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

FORM APPROVED OM B No. 1004-0137 Expires: March 31, 200	ľ
Expires: March 31, 200	,

5. Lease Serial Mo.

SUNDRY NOTICES AND REPORTS O Do not use this form for proposals to drill or	o Fo-ontor on	6. If Indian, Allottee or 7	Fribe Name
abandoned well. Use Form 3160 - 3 (APD) for si	ich proposals. RECEIV	JICARILLA APAC	CHE
SUBMIT IN TRIPLICATE- Other instructions of	reverse Giden RMIN	7 JA Unit lot CA/Agreem	ent, Name and/or No.
1. Type of Well Gas Well Other			
		8. Well Name and No. JICARILLA APACHE 47-4	
2. Name of Operator GOLDEN OIL HOLDING CORPORATION		9. API Well No.	
	o. (include area code)	3003923125	
2200 POST OAK BLVD., STE. 720 HOUSTON, TX 77056 713/626-1110 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		10. Field and Pool, or Exploratory Area S. LINDRITH GALLUP DAKOTA	
UNIT E; 1750' FNL & 460' FWL, S11, T23N, R4W		11. County or Parish, St	
UNII E, 1/30 FRE & 400 FWE, 511, 12511, R4W	v	RIO ARRIBA, NM	4
12. CHECK APPROPRIATE BOX(ES) TO INDICATE	NATURE OF NOTICE, F	LEPORT, OR OTHER	DATA
TYPE OF SUBMISSION	TYPE OF ACTION		P
Acidize Deepen	Production (St	art/Resume) Water	Shut-Off
Notice of Intent Alter Casing Fracture T	1 1		ntegrity
Subsequent Report Casing Repair New Cons		Other	
Final Abandonment Notice Change Plans Plug and A			
rinai Abandonment Nonce Convert to Injection Plug Back	Water Disposal		
testing has been completed. Final Abandonment Notices shall be filed only after determined that the site is ready for final inspection.) ACIDIZE WELLBORE; REPLACE DOWNHOLE PUMP; PRESSU		•	, and the operator has
	0 PEO 3	57677 2004 2012 2012	RECEIVED OF SEP 24 PM 12: 17 O10 ALBUQUERQUE. N.M.
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)	OFO STATE		RECEIVED OL SEP 24 PM 12: 17 OLO ALBUQUERQUE, N.M.
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) THEODORE D. OLDHAM	0 PEO 3		OL SEP 24 PM 12: 17 OLO ALBUQUERQUE. N.M.
Name (Printed/Typed)	OFO STATE		OL SEP 24 PM 12: 17 OLO ALBUQUERQUE. N.M.
Name (Printed/Typed) THEODORE D. OLDHAM	Title DIRECTOR OF OP	ERATIONS 09/17/2004	RECEIVED OL SEP 24 PM 12: 17 OLO ALBUQUERQUE. N.M.
Name (Printed/Typed) THEODORE D. OLDHAM Signature THIS SPACE FOR FEDERAL	Title DIRECTOR OF OP	ERATIONS 09/17/2004 E USE	2: 17 JE. N.M.
Name (Printed/Typed) THEODORE D. OLDHAM Signature THIS SPACE FOR FEDERAL	Title DIRECTOR OF OPI Date OR STATE OFFICE VISI Pitle Of Multi-lator	ERATIONS 09/17/2004 E USE	2: 17 JE. N.M.