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 anabandoned well. Use Form 3160-3 (APD) for such proposals. FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

7. If Unit or CA/Agreement, Name and/or No.

5. Lease Serial No.

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6. If Indian, Allottee or Tribe Name

Jicar	illa	Apa	ache '	Tribe	

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1. Type of Well	The second to the dark one				. Ali con attino di con		
Oil Well Gas Well Other Other					8. Well Name and No.		
2. Name of Operator Mallon Oil Co., an indirect wholly-owned subsidiary of Black Hills E & P, Inc. 3a. Address 3b. Phone No. (include area code)					Jicarilla 458-08 No. 15 9. API Well No.		
3a. Address		1	lude area code)	30-039-2			
350 Indiana Street, Suite 400 Go	720-210-1308	20-210-1308		nd Pool, or Exploratory Area			
4. Location of Well (Footage, Sec.,		n)			nco, Pictured Cliffs		
2120' FSL & 2075' FEL (NWSE) Sec. 8, T30N-R03W) Unit J			11. County	or Parish, State		
Sec. 8, 1301N-R03 W				n	. ND 4		
				Rio Arrib			
12. CHECK AP	PROPRIATE BOX(ES) To	O INDICATE NAT	URE OF NOTICE,	REPORT, O	R OTHER DATA		
TYPE OF SUBMISSION			TYPE OF ACTION				
	Acidize	☐ Deepen	Production (S	tart/Resume)	Water Shut-Off		
☐ Notice of Intent	Alter Casing	Fracture Treat	Reclamation	,	Well Integrity		
- >	Casing Repair	New Construction	=		Other Spud & Surface		
✓ Subsequent Report	Change Plans	Plug and Abando		Ahandan	Casing		
Final Abandonment Notice	_	_ `	= ' '		Casing		
	Convert to Injection	Plug Back	Water Dispos		vork and approximate duration thereo		
Mallon Oil Company, an indirect Drilled a 12 -1/4" hole, 8-5/8", 24							
			S EC.		N 5		
14. I hereby certify that the foregoin	g is true and correct		जि. ।	سننشاء			
Name (PrintedlTyped)		anta i					
Allison Newcomb		I itie j	Engineering Technicia	n			
Signature allo	n. Alewcom	Date	8/27/2004	-			
en er ar er	THIS SPACE	OR FEDERAL OR	STATE OFFICE U		Manager of the control of the contro		
Approved by (Signature)	/s/ David R. Sitz	ier	Name (Printed/Typed)	Division	of Multi-Resources		
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 righ	ce does not warrant or nts in the subject lease	Office		SEP 2 7 2004		
Title 18 U.S.C. Section 1001 and Tit States any false, fictitious or fraudule				lly to make to an	y department or agency of the United		