1.0111 2.100-3 (September 2001)

(Continued on next page)

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
OMB No. 1004-0135
Expires: January 31, 200

5. Lease

6. If Indian, Allottee or Tribe Name

MDA 701-98-0013

	Expires	3:	January	31,	20
: Se	rial N	0			

abandonea W	on. ode i omi o roo o (Ar b)	Tor Such proposul		Jicarilla A	paetie Tribe
SUBMIT IN TR	RIPLICATE - Other instruc	ctions on neverse	pide] []?		CA/Agreement, Name and/or No.
I. Type of Well					6.1. 9.1.1.1
Oil Well Gas Well	Other	RECE	· · · · · · · ·	8. Well Nar	right and the first first the second second
2. Name of Operator Black Hills Gas Resources, Inc.		070 FARMI	NGLON MM	Jicarilla 30)-03-25 No. 1
3a. Address		3b. Phone No. (include	area code)	30-039-27	
	-1don CO 90401	720-210-1308	u. ou couc,		d Pool, or Exploratory Area
350 Indiana Street, Suite 400 Go 4. Location of Well (Footage, Sec.,		1/20-210-1306		}	co, Pictured Cliffs
720' FSL & 640 FWL (SWSW) Sec. 25, T30N-R03W			:		or Parish, State
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NATUI	RE OF NOTICE, I	<u> Rio Arriba</u> REPORT, OR	
TYPE OF SUBMISSION		TY	PE OF ACTION		. :
 Notice of Intent Subsequent Report Final Abandonment Notice 	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (State Reclamation Recomplete Temporarily A Water Disposal	bandon	Water Shut-Off Well Integrity Other Production Casing & Casing Pressure Test
following completion of the inv testing has been completed. Fin	20/2004.	esults in a multiple comp iled only after all require	letion or recompletion ments, including recl	in a new interval	al, a Form 3160-4 shall be filed once een completed, and the operator has
14. I hereby certify that the foregoing Name (PrintedlTyped)	g is true and correct		·		
Allison Newcomb		Title Eng	neering Technician		
Signature Allian	J Thwomb	Date 11/4	/2004		,
	THIS SPACE FO	R FEDERAL OR ST	化氯化物法氯化 建铁铁矿 医抗乳炎		
Approved by (Signature)	/s/ David R. Sita	zler (Pri	ne D	ivision of	f.Multi-Resources
Conditions of approval, if any, are a certify that the applicant holds lega which would entitle the applicant to c	i or equitable title to those rights i		ïce		JAN 3 2005
Title 18 U.S.C. Section 1001 and Tit. States any false, fictitious or fraudule	le 43 U.S.C. Section 1212, make it nt statements or representations as to	a crime for any person k a any matter within its ju	nowingly and willfully isdiction.	to make to any	department or agency of the United