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

| FORM APPROVED | |
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| OMB No. 1004-0135 | |
| Expires: January 31, 2004 | ļ |

5. Lease Serial No.

| MD | ٨ | 701 | -98 | ሰበ 1 | 3 |
|-------|---|-----|-----------------|---------|----|
| IVIII | А | 70 | 1 - 7 0. | -1717-1 | .1 |

6. If Indian, Allottee or Tribe Name

| | | | | Jicarilla Apacl | ne Tribe |
|---|-----------------------------------|---|---------------------------|-----------------------|---------------------------------|
| | IPLICATE - Other instru | ctions on revers | e side 1 | 7. If Unit or CA. | Agreement, Name and/or No. |
| Type of Well ☐ Oil Well ☐ Gas Well | Other | RE | OEIVIO | 8. Well Name a | and No |
| 2. Name of Operator | | | 111101011 H | Jicarilla 29-02 | |
| Black Hills Gas Resources, Inc. | | | | 9. API Well No | |
| Ba. Address | | 3b. Phone No. (inclu | de area code) | 30-039-29317 | |
| 350 Indiana Street, Suite 400 Go | olden, CO 80401 | 720-210-1308 | | 10. Field and Po | ol, or Exploratory Area |
| Location of Well (Footage, Sec., | | | | Basin, Fruitla | |
| Sec. 31, T29N-R02W | | | | 11. County or P | arish, State |
| 430' FNL & 880' FEL (NENE) | <u> </u> | | | Dio Amribo N | M |
| 12 CHECK API | PROPRIATE BOX(ES) TO | INDICATE NATI | IRE OF NOTICE R | Rio Arriba, N | |
| TYPE OF SUBMISSION | ROTRIATE BOX(ES) TO | | YPE OF ACTION | <u>Di Oiti, Oit O</u> | THE STITE |
| TITE OF SUBMISSION | | | | | |
| [7] Nation of Latent | Acidize | Deepen | Production (Start | t/Resume) | Water Shut-Off |
| Notice of Intent | Alter Casing | Fracture Treat | Reclamation | <u> </u> | Well Integrity |
| Subsequent Report | Casing Repair | New Construction | Recomplete | \square | Other Formation |
| D rive About | Change Plans | Plug and Abandon | Temporarily Ab | andon | Completion |
| Final Abandonment Notice | Convert to Injection | Plug Back | Water Disposal | | |
| testing has been completed. Fin determined that the site is ready Black Hills Gas Resources, Inc. i | ntends to complete the above re | filed only after all requesterned well in the | irements, including recla | ion. | completed, and the operator has |
| 14. I hereby certify that the foregoir Name (PrintedlTyped) | ng is true and correct | , | | | |
| Allison Newcomb | | I IIIe E | ngineering Technician | | |
| Signature CULLOW | , Mewcamb | Date 5 | /10/2005 | | |
| | THIS SPACE FO | OR FEDERAL OR | STATE OFFICE USE | | |
| Approved by (Signature) | /s/ Adrienne Bru | | Name (Printed/Typed) | Tit | le |
| Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to | attached. Approval of this notice | does not warrant or | Office FFO | | Date 5/31/05 |
| | | | | | |

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.