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.

ORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

5. Lease Serial No.

carilla Contract 464

6. If Indian, Allottee or Tribe Name

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SUBMIT IN TR	IPLICATE - Other instruc	ctions on rever	se side	7. If Unit or CA/Agreement, Name and/or No.				
1. Type of Well ☐ Oil Well ☐ Gas Well ☐	Other	Transition of the second	070 FARMHISTA	0.000				
2. Name of Operator	8. Well Name and No.							
Black Hills Gas Resources, Inc.				Jicarilla 464 No. 7 9. API Well No.				
3a. Address		3b. Phone No. (incl	ude area code)	30-039-24301				
		·	auc urea coucy	10. Field and Pool, or Exploratory Area				
350 Indiana Street, Suite 400 Go		720-210-1308		East Blanco, Pictured Cliffs				
 Location of Well (Footage, Sec., Sec. 29, T30N-R03W 	T, R., M., or Survey Description)			11. County or Parish, State				
1190' FNL & 1190' FWL (NWN		Tr. County of Farish, State						
				Rio Arriba, NM				
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NAT	URE OF NOTICE, RI	EPORT, OR OTHER DATA				
/ YYPE OF SUBMISSION	TYPE OF SUBMISSION TYPE OF ACTION							
	Acidize [Deepen	Production (Start	Resume) Water Shut-Off				
Notice of Intent	Alter Casing	Fracture Treat	Reclamation	Well Integrity				
	Casing Repair	New Construction	=	Other				
Subsequent Report		Plug and Abando						
Final Abandonment Notice	Change Plans Convert to Injection	Plug Back	Water Disposal					
				ny proposed work and approximate duration there				
	nmingled with the O jo Alamo, T 2005. Cableslu	ertiary formation.	The Ojo Alam o, Tertiary	o re-enter East Blanco, Pictured Cliffs formation remains shut in. This well was				
14. I hereby certify that the foregoin								
Name (PrintedlTyped)		Title	ym r r gen k r r					
Allison Newcomb		Engineering Technician						
Signature (LILLOS)	1 of Jewcomb	Date	5/17/2005					
	THIS SPACE FO	OR FEDERAL OR	STATE OFFICE USE	ACCEPTED FOR RECORD				
Approved by (Signature)			Name (Printed/Typed)	14h 0 3 2005				
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to	al or equitable title to those rights		Office	FARMINGTON PILL DOFFICE BY				