

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: March 31, 2007

**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.*

**SUBMIT IN TRIPLICATE- Other instructions on reverse side.**

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
**Black Hills Gas Resources, Inc.**

3a. Address  
**PO Box 249 Bloomfield, NM 87413**

3b. Phone No. (include area code)  
**505.634.111**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**At Surface: 710' FNL & 460' FWL (NWNW) Unit D Sec. 6, T29N - R02W  
BH: 330.2' South & 4259.2' East of Surface Location, Unit A**

5. Lease Serial No.

**MDA 701-98-0013**

6. If Indian, Allottee or Tribe Name

**Jicarilla Apache Tribe**

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

8. Well Name and No

**Jicarilla 29-02-06 No.3**

9. API Well No.

**30-039-26858**

10. Field and Pool, or Exploratory Area

**East Blanco, Pictured Cliffs**

11. County or Parish, State

**Rio Arriba, NM**

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

**Black Hills Gas Resources, Inc. intends to set a CIBP above the Pictured Cliffs formation and recompleate in the La Jara Canyon Tertiary.**

**CONDITIONS OF APPROVAL**

Adhere to previously issued stipulations.

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

**Agatha Snell**

Title **Admin. Tech.**

Signature

*Agatha Snell*

Date

**05/05/2006**

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title

**PETE ENGE**

Date

**5-12-06**

Office

**BLM-FFO**

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.

(Instructions on page 2)

NMOCD

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

## State of New Mexico

Energy, Minerals &amp; Natural Resources Department

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102

Revised June 10, 2003

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-039-26858	<sup>2</sup> Pool Code 97036	<sup>3</sup> Pool Name La Jara Canyon Tertiary
<sup>4</sup> Property Code 97036	<sup>4</sup> Property Name Jicarilla 29-02-06	<sup>4</sup> Well Number 3
<sup>7</sup> OGRID No. 013925	<sup>8</sup> Operator Name Black Hills Gas Resources, Inc.	<sup>9</sup> Elevation 7387

<sup>10</sup> Surface Location

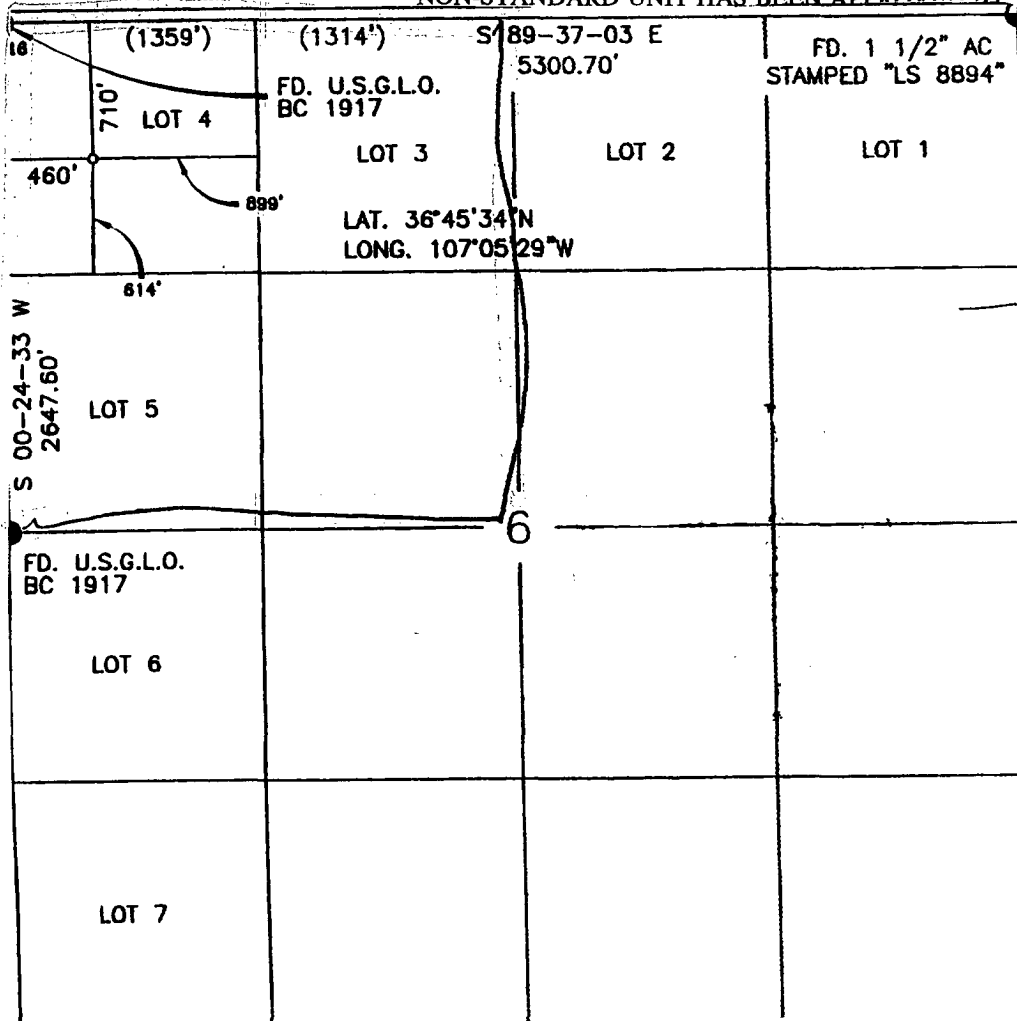
UL or lot no. D	Section 6	Township 29N	Range 02W	Lot Idn	Feet from the 710'	North/South line North	Feet from the 460'	East/West line West	County Rio Arriba
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<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no. A	Section	Township	Range	Lot Idn	Feet from the 330	North/South line South	Feet from the 4259	East/West line East	County Rio Arriba
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<sup>12</sup> Dedicated Acres 160	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<sup>17</sup> OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Agatha Snell  
Signature

Agatha Snell  
Printed Name

Admin. Tech. asnell@bhep.com

Title and E-mail Address

5/8/06

Date

<sup>18</sup> SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey

Signature and Seal of Professional Surveyor:

Certificate Number