

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OM B 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 ☐ Other2. Name of Operator **Black Hills Gas Resources, Inc.**3a. Address
PO Box 249 Bloomfield, NM 874133b. Phone No. (include area code)
505.634.11114. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**820' FNL & 2005' FEL (NWNE)
Sec. 14, T-29N, R03W**

5. Lease Serial No.

MDA 701-98-0013

6. If Indian, Allottee or Tribe Name

Jicarilla Apache Nation

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

8. Well Name and No.

Jicarilla 29-03-14 No. 1

9. API Well No.

30-039-2672810. 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

- ☒
- 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 (Start/Resume)
-
- ☐
- Reclamation
-
- ☐
- Recomplete
-
- ☒
- Temporarily Abandon
-
- ☐
- Water Disposal

- ☐
- Water Shut-Off
-
- ☐
- Well Integrity
-
- ☐
- Other

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 recompleat 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 recompleat 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. requests an extension for temporary abandonment of the above referenced well.

*CIBP@1100'***THIS APPROVAL EXPIRES 12/31/06**RECEIVED
MAY 2 AM 8 09
OTO FARMINGTON NM14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)**Agatha Snell**Title **Admin. Tech.**

Signature

Agatha Snell

Date

04/24/2006**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Original Signed: Stephen Mason

Title

Date

MAY 05 2006

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.

Office

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)

*well
not in this
pool:
not
posted***NMOCD**



NEW MEXICO ENERGY, MINERALS and
NATURAL RESOURCES DEPARTMENT

MECHANICAL INTEGRITY TEST REPORT

(TA OR UIC)

Date of Test Mar 31, 2005 Operator Black Hills API # 30-0 39 26728

Property Name Jicarilla 29-03-14 Well # 1 Location: Unit B Sec 14 Twn 29N Rge 3W

Land Type:

State _____
Federal _____
Private _____
Indian X

Well Type:

Water Injection _____
Salt Water Disposal _____
Gas Injection _____
Producing Oil/Gas X
Pressure observation _____

Temporarily Abandoned Well (Y/N): yes TA Expires: _____

Casing Pres. 0
Bradenhead Pres. 0
Tubing Pres. N/A
Int. Casing Pres. N/A

Tbg. SI Pres. _____
Tbg. Inj. Pres. _____

Max. Inj. Pres. _____

Pressured annulus up to 525 psi. for 30 mins. Test passed/failed

REMARKS:

By [Signature]
(Operator Representative)

Witness [Signature] DCD
(NMOCD)

Consultant
(Position)

Revised 02-11-02