

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

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

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.

MAR 02 2009

Bureau of Land Management
Farmington Field Office

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. MDA 701-04-0014
2. Name of Operator Jicarilla Apache Energy Corp		6. If Indian, Allottee or Tribe Name Jicarilla Apache Nation
3a. Address P.O. Box 710 Dulce, New Mexico 87528	3b. Phone No. (include area code) 575-759-3224	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T, R., M., or Survey Description) 1295' FNL & 1980' FWL, Sec 36, T28N, R3W		8. Well Name and No. JAECO 28-3 No. 2
		9. API Well No. 30-039-30007
		10. Field and Pool, or Exploratory Area Blanco Mesa Verde
		11. County or Parish, State Rio Arriba, New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>First Delivery</u>
	<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	

3. 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.)

The first delivery on this well was 10/28/08.

The flow rate was 448 mcf/D down the Williams Line, and with a 1/4" choke on it.

RCVD MAR 16 '09
OIL CONS. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct	
Name (Printed/Typed) Daneda A. Gonzales	Title JAECO Production/Accounting Technician
Signature <i>Daneda A. Gonzales</i>	Date February 26, 2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE		ACCEPTED FOR RECORD
Approved by (Signature)	Name (Printed/Typed)	Title
	Office	
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.		FARMINGTON FIELD OFFICE BY <i>MB</i>

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.

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