| Form  | 31  | 60 | -5 |
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| (Augi | ıst | 19 | 99 |

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

| FORM APPROVED             |
|---------------------------|
| OMB No. 1004-0135         |
| Expires November 30, 2000 |

|   | DUKEAU OF LAND MANAGEMENT                                 |
|---|---|
|   | SUNDRY NOTICES AND REPORTS ON WELLS                       |
| Λ | Do not use this form for proposals to drill or to re-epte |

Lease Serial No.

|   | SF-08     | 31226    |         |     |
|---|-----------|----------|---------|-----|
| : | If Indian | Allotton | or Talk | Min |

| Do not use this form for proposals to a abandoned well. Use Form 3160-3 (APD)                           | frill or to re-epter an the for such proposals. | 6. If Indian, Allottee or Tribe Name                                 |
|---|---|--|
| SUBMIT IN TRIPLICATE - Other Instruc  |   | 7. If Unit or CA/Agreement, Name and/or No.                          |
| 1. Type of Well Gas Well Other Playa  2. Name of Operator BOLACK MINERALS COMPANY                       | OLOCAS DATE OF                                  | 8. Well Name and No.   |
| BULACK MINERALS COMPANY  3a. Address 3901 BLOOMFIELD HWY, FARMINGTON                                    | 3b. Phone No. (include area code) 505-325-4275  | 9. API Well No. 30-045=09885 10. Field and Pool, or Exploratory Area |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  SEC 3 T30N R16W  1810FSL 760FEL |   | HORSESHOE GALLUP 11. County or Parish, State SAN JAUN COUNTY, NM     |
| 12 CHECK ADDDODDIATE DOV(ES) TO   | INDICATE MATTIRE OF MOTICE DE                   | POPT OF OTHER DATA   |

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

| 12. CIDERTAL ROLLED TO INDICATE INTOKE OF NOTICE, REFORM, ON 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 recomplete 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 recompletion 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.)
  - RAN TUBING & PLUG SET @ 1500', CIRCULATED CLEAN, TEST CASING HELD OK MIXED AND PUMPED 31 SACKS CEMENT TOH W/F TUBING
  - PERFORATED @ 372', CIRCULATED, MIX & PUMP 108 SACKS CEMENT DOWN BRADEN HEAD TO SURFACE
  - CUT OFF WELL HEAD TOP OFF 5 SACKS CEMENT, ERECT DRY HOLE MARKER & CLEAN LOCATION

| 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 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any personal conduct operations thereon. |        | Office     | FEDTEN EAD PECON |  |
|--|--------|------------|------------------|--|
| Approved by  |        | Title      | Date             |  |
| THIS SPACE FOR FEDER   | RAL OR | STATE OFFI | CE USE           |  |
| Signature Joan Malele  | Date   | 1/19/04    |                  |  |
| TOMMY BOLACK   | Title  | GENERAL    | PARTNER          |  |
| <ol> <li>I hereby certify that the foregoing is true and correct<br/>Name (Printed/Typed)</li> </ol>   |        |            |                  |  |