Form 3160-5 • (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires: January 31, 200.

Expires:	Jan

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SUNDRY NO	JUCES AND	REPURIS	UN WELLS
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5. Lease Serial No.

Do not use the	is form for proposals to d ell. Use Form 3160-3 (APD)	irill or to re-	enter an posals.	Abus 8L	W.	n, Alloi	ttee or Tribe	Name
				AL FED AN	Jicarill			
SUBMIT IN TR	IPLICATE - Other instruc	tions on re	verse side 01			9	Agreement,	Name and/or No.
1. Type of Well	l ou			ושטטטשלאי	COUNTA N	Ĉi.	d Na	· · · · · · · · · · · · · · · · · · ·
Oil Well Gas Well 2. Name of Operator	Other				8. Well Name and No.			
Mallon Oil Company an wholly-o	owned subsidiary of Black Hills	Exploration ar	d Pro	·	Jicarilla 458-5 No. 5 9. API Well No.			
3a. Address	Which buckling of Black This	3b. Phone No.		code)	30-039-25947			
250 To 1' Ct #400 C-11-	00 80401		'		10. Field and Pool, or Exploratory Area			
350 Indiana St., #400, Golden, 4. Location of Well (Footage, Sec.,		720-210-13	00		East Blanco; Pictured Cliffs			
1640' FNL and 790' FEL (SENE)					11. County or Parish, State			
10 GYTGY A D		DEDICATEA	(A TY IDE O	ENOTICE DE	Rio Arril			T. A
	PROPRIATE BOX(ES) TO	INDICATEN			PORT, O	KOI	HER DA	1 A
TYPE OF SUBMISSION			TYPE O	F ACTION				· · · · · · · · · · · · · · · · · · ·
	Acidize	Deepen		Production (Start/	Resume)		Water Shut-	Off
✓ Notice of Intent	Alter Casing	Fracture Trea	t 🔲	Reclamation			Well Integri	ty
Subsequent Report	Casing Repair	New Constru	ction 🔽	Recomplete			Other	
Final Abandonment Notice	Change Plans	Plug and Aba	ndon 📙	Temporarily Aba	ndon			·
Final Abandonment Nonce	Convert to Injection	Plug Back	<u> </u>	Water Disposal				
testing has been completed. Findetermined that the site is ready to Mallon Oil Company, an indirect 10-23-03.	,	iled only after al	l requirement	s, including reclam	ation, have	been co	ompleted, ar	nd the operator ha
14. I hereby certify that the foregoing Name (PrintedlTyped)	g is true and correct							
Allison Newcomb		T	tle Engineeri	ing Technician				
Signature Office	n Newcom	1	ate 2/18/04	mB 1 dollward				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE								
Approved by (Signature)	/s/ David R. Sitzle	n of the good bry had had been derived to	Name (Printed/Ty	D	vision	þfN	/Julti-Re	esources
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c	attached. Approval of this notice	does not warran	or Office	yew			Date APR	8 2004

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.