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	Z

BUREAU OF LAND MANAG	5. Lease Scrial No	January 51, 2004				
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an						
			MDA 701-98-0013 Tract 4 6. If Indian, Allottee or Tribe Name			
abandoned well. Use Form 3160-3 (APD)	·					
			Jicarilla Apache			
SUBMIT IN TRIPLICATE - Other instruc	ctions on rever	se side	7. If Unit of CA/Ag	reement, Name and/or No.		
1. Type of Well			32537			
Oil Well Gas Well Other				8. Well Name and No. Jicarilla 29-02-21 No. 1		
2. Name of Operator Mallon Oil Co., an indirect wholly-owned subsidiary of Black Hills E & P, Inc.				No. 1		
3a. Address	9. API Well No. 30-039-27463					
			10. Field and Pool, or Exploratory Area			
350 Indiana St., Suite 400, Golden, CO 80401 4. Location of Well (Footage, Sec., T, R., M., or Survey Description)	Fruitland Coal Basin					
560' FNL & 865' FWL (NW/NW) Unit D	11. County or Parish, State					
Sec. 21, T29N-R02W						
			Rio Arriba, NM			
12. CHECK APPROPRIATE BOX(ES) TO	INDICATE NAT	URE OF NOTICE, RI	EPORT, OR OTH	ER DATA		
TYPE OF SUBMISSION		TYPE OF ACTION		·		
☐ Acidize ☐	Deepen	Production (Start	(Resume) 🔲 W	ater Shut-Off		
Notice of Intent	Fracture Treat	Reclamation		ell Integrity		
Subsequent Report Casing Repair	New Construction	=		ther Casing Test		
Change Plans	Plug and Abando		ndon _			
Final Abandonment Notice Convert to Injection	Plug Back	Water Disposal	<u>-</u>			
determined that the site is ready for final inspection.) Mallon Oil Co., an indirect wholly-owned subsidiary of Black Hi	ills Exploration & F	Production, Inc. pressure t	ested the casing on	3/18/2004 to 2,000 psi.		
	Æ	Carrier Constitution		010 ALB		
	201100	76.4 50.0.y		BLIN 04 MAR 29 PH 2:		
	Co "			<u> </u>		
	N. C.	S1550		Z - 00		
14. 1 hereby certify that the foregoing is true and correct						
Name (PrintedlTyped)	1					
Allison Newcomb	Title	Engineering Technician				
Signature allison Newcomk	2 Date	3/24/2004				
THIS SPACE FC	R FEDERAL OR	STATE OFFICE USE				
Approved by (Signature) /s/ David R. Sitz	:ler	Name (Printed Typed)	Divisio	n of Multi-Resource		
Conditions of approval, if any, are attached. Approval of this notice certify that the applicant holds legal or equitable title to those rights which would entitle the applicant to conduct operations thereon.	does not warrant or in the subject lease	Office		APR 1 3 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.