September 2001)

DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

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

	BUKEAU OF LAND MANAGEMENT	: · /	5. Lease Serial No.
SUNDR	RY NOTICES AND REPORTS ON W	VELLS /	MDA 701-98-0013
Do not use the	nis form for proposals to drill or to I ell. Use Form 3160-3 (APD) for such I		6. If Indian, Allottee or Tribe Name
apanuoneu w	en. Ose Form 3100-3 (APD) for Such p	noposais.	Jicarilla Apache Tribe
The second state of the second		AND TO CAR THE AND THE CONTRACT OF THE CONTRA	7. If Unit or CA/Agreement, Name and/or No.
SUBMITINTR	URLIGATER OHIBI INSTITICIONS ON	reverse side .	7. If One of Caragreement, Ivanic and of No.
I. Type of Well		45 19 19 20 E	23926
Oil Well 🖸 Gas Well 🕻	Other .	611.10 10 CO 33	8. Well Name and No.
2. Name of Operator	And the second second		Jicarilla 29-03-02 No. 3
Mallon Oil Co., an indirect whol	ly-owned subsidiary of Black Hills E &/P; I		9. API Well No.
la. Address	3b. Phone 1	lo. (include area code)	30-039-27593
350 Indiana Street, Suite 400 Go	olden, CO 80401 720-210-13	68 LOCAL D. 3	10. Field and Pool, or Exploratory Area
l. Location of Well (Footage, Sec.,		DOT. 8	East Blanco, Pictured Cliffs
33\$' FSL & 960' FEL (SESE) Ur			11. County or Parish, State
Sec. 2, T29N-R03W	M		,
		5457	Rio Arriba, NM
12. CHECK AP	PROPRIATE BOX(ES) TO INDICATI	E NATURE OF NOTICE, RE	EPORT, OR OTHER DATA
TYPE OF SUBMISSION	į.	TYPE OF ACTION	•
• **	Acidize Deepen	Production (Start/	(Resume) Water Shut-Off
Notice of Intent	Alter Casing Fracture		Well Integrity
	Casing Repair New Con		Other Spud Notice &
Subsequent Report	Change Plans Plug and		
Final Abandonment Notice	Convert to Injection Plug Bacl		Surface Casing
			y proposed work and approximate duration thereof
following completion of the investing has been completed. Fin determined that the site is ready wallon Oil Company, an indirect	olved operations. If the operation results in a mu al Abandonment Notices shall be filed only afte	Itiple completion or recompletion in r all requirements, including reclam ploration & Production, Inc. spu	
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14. 1 hereby certify that the foregoin	g is true and correct		
Name (PrintedlTyped)	T.	Title programme to the control of th	
Allison Newcomb		Title Engineering Technician	
Signature CllDoy	1 Tewcomb	Date 4/8/2004	
TO THE WAY TO PROVIDE UP TO	THIS SPAGE FOR FEDER	E ORISTATE OFFICE USE	
Approved by (Signature)	/s/ David R. Sitzler	Name (Printed/Typed)	Division of Multi-Resources
Conditions of approval, if any, are certify that the applicant holds legal	attached. Approval of this notice does not war il or equitable title to those rights in the subjec conduct operations thereon.	office	P APR 1 5 2004
which would entifie the applicant to c	onduct operations thereon.		

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.