Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED

	OMB No. 1004-0135 Expires: January 31, 2004
5. Lease	Serial No.

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name Jicarilla Apache		
SUBMIT IN TR	RIPLICATE - Other instru	ctions on rever	se side		A/Agreement, Nam	e and/or No.	
1. Type of Well Oil Well Gas Well Other 2. Name of Operator					N/A 8. Well Name and No. Jicarilla 29-02-16 No. 5		
Mallon Oil Company, an indirect wholly-owned subsidiary of Black Hills Explorati					9. API Well No.		
3a. Address		3b. Phone No. (incli	ude area code)	30-039-2740	2.		
350 Indiana St., #400, Golden, CO 80401 720-210-1300					10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T, R, M., or Survey Description) 1570' FSL & 585' FWL (NWSW) Unit L Sec. 16, T29N-R02W					La Jara Canyon; Tertiary 11. County or Parish, State Rio Arriba, NM		
12 CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NAT	LIRE OF NOTICE R				
TYPE OF SUBMISSION	APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, RE TYPE OF ACTION				THER BITTA	· · · · · · · · · · · · · · · · · · ·	
	Acidize [Deepen	☑ Production (Star	t/Resume)	Water Shut-Off		
✓ Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity		
	Casing Repair	New Construction	_	<u></u>	Other		
Subsequent Report	Change Plans	Plug and Abandor		andon	Other		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	undon			
Attach the Bond under which the following completion of the invitesting has been completed. Find determined that the site is ready Mallon Oil Company, an indirect Cloy Wore: Can't Cloy 14. 1 hereby certify that the foregoin	ctionally or recomplete horizontally he work will be performed or provipulved operations. If the operation represents the performed operation of the performed of	y, give subsurface loca ide the Bond No. on fi results in a multiple co filed only after all req	tions and measured and tru le with BLM/BIA. Require mpletion or recompletion i uirements, including reclar	e vertical depths o ed subsequent rep n a new interval, a mation, have been	f all pertinent mark orts shall be filed v a Form 3160-4 shall completed, and the	ers and zones. within 30 days I be filed once e operator has	
Name (PrintedlTyped) Julie Stifflear	g is the and correct	Title D	roduction Accountant				
	C+:1/000-						
Signature Cult	TUE SPACE E	nan Makroka katen Maken Tala Kelin	ebruary 11, 2004			See also as the second	
	A service of the first of the service of the servic	(Co.)	STATE OFFICE USE				
Approved by (Signature)	/s/ David R. Sitzler		(Printed/Typed) Di	vision of i	<u> Multi-Reso</u>	urces	
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to determine the appl	attached. Approval of this notice	noes not warrant or t	Office		DAPR	8 2004	
Title 18 U.S.C. Section 1001 and Ti States any false, fictitious or fraudule	tle 43 U.S.C. Section 1212, make it ent statements or representations as	t a crime for any perso to any matter within its	n knowingly and willfully jurisdiction.	to make to any dep	partment or agency	of the United	
(Continued on next page)		-					