Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

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

. Lease Serial No.	
MDA 701-98-0013	
If Indian Allessa - Taiba Nama	

APR 2 1 2004

			Jicarilla Apac	he Tribe
RIPLICATE - Other instruc	ctions on reverse side		7. If Unit or CA	/Agreement, Name and/or No.
			24252	
Other			8. Well Name	and No.
			Jicarilla 29-02	2-29 No. 1
y-owned subsidiary of Black Hi	lls E & P		9. API Well N	0.
	3b. Phone No. (include area code)		30-039-26115	
olden, CO 80401	720-210-1308		10. Field and Pool, or Exploratory Area	
		-	Wast Blanco,	Pictured Cliffs
') Unit L		ľ	11. County or P	arish, State
			Rio Arriba, N	М
PROPRIATE BOX(ES) TO	INDICATE NATURE OF	NOTICE, RE	PORT, OR O	THER DATA
TYPE OF ACTION				
Acidize	Deepen	Production (Start/F	Resume)	Water Shut-Off
Alter Casing	Fracture Treat	Reclamation		Well Integrity
Casing Repair	New Construction	Recomplete	\square	Other Total Depth &
Change Plans	Plug and Abandon	Temporarily Aban	don	Pressure Casing Test
Convert to Injection	Plug Back	Water Disposal		
ctionally or recomplete horizontally he work will be performed or provi	, give subsurface locations and n	neasured and true v .M/BIA. Required	vertical depths of subsequent repo	all pertinent markers and zones, orts shall be filed within 30 days
	Other ly-owned subsidiary of Black Hi olden, CO 80401 T, R., M., or Survey Description) Unit L PROPRIATE BOX(ES) TO Acidize Alter Casing Casing Repair Change Plans Convert to Injection d Operation (clearly state all pertinctionally or recomplete horizontally	Other dy-owned subsidiary of Black Hills E & P 3b. Phone No. (include area colden, CO 80401 720-210-1308 720-21008 720-21008 720-21008 720-21008 720-21008 720-21008 720-21008 720-21008 720-21008 720-21008 720-21008	ly-owned subsidiary of Black Hills E & P 3b. Phone No. (include area code) 720-210-1308 77, R., M., or Survey Description) 79 Unit L PROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, RE TYPE OF ACTION Acidize Deepen Production (Start/II) Alter Casing Fracture Treat Reclamation Casing Repair New Construction Recomplete Change Plans Plug and Abandon Temporarily Abant Convert to Injection Plug Back Water Disposal d Operation (clearly state all pertinent details, including estimated starting date of any ctionally or recomplete horizontally, give subsurface locations and measured and true.	7. If Unit or CA Comparison of the comparison

Approved by (Signature)	/s/ David R. Sitzler	Name (Printed/Typed)	Divisio	ค.of Multi-Resource
		AL OR STATE OFFICE USE		
Signature Allown Y	Tewcomb	Date 2/19/2004		
Allison Newcomb		Title Engineering Technician		
 I hereby certify that the foregoing is true Name (PrintedlTyped) 	and correct			

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.

Office

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.