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.

MDA 701-98-0013

5. Lease Serial No.

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6.	If y f	idian,	Allottee	or Tribe	Nam

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

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SUBMIT IN TR	IPLICATE - Other instruc	tions on reve	rse side	7' If Unit or	CA/Agreement, Name and/or No	
1. Type of Well	24209	24209				
Oil Well Gas Well		8. Well Name and No.				
2. Name of Operator .	1	u-Feb.			Jicarilla 30-03-33 No. 1	
Mallon Oil Co., an indirect whole 3a. Address	ly-owned subsidiary of Black Fil	3b. Phone No. (inc	lude area code)		9. API Well No.	
			mae area code)		30-039-27595 10. Field and Pool, or Exploratory Area	
350 Indiana Street, Suite 400 Ge 4. Location of Well (Footage, Sec.,		720-210-1308			East Blanco, Pictured Cliffs	
870' FNL & 1975' FEL (NWNE) Sec. 33, T30N-R03W					or Parish, State	
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NAT	TURE OF NOTICE, F			
TYPE OF SUBMISSION			TYPE OF ACTION			
	Acidize	Deepen	Production (Sta	rt/Resume)	Water Shut-Off	
Notice of Intent	☐ Alter Casing ☐	Fracture Treat	Reclamation	į	Well Integrity	
Subsequent Report	Casing Repair	New Constructio	n 🔲 Recomplete	į	Other Spud & Surface	
	Change Plans	Plug and Abando	n 🔲 Temporarily Al	bandon	Casing	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal			
following completion of the investing has been completed. Fin determined that the site is ready. Mallon Oil Company, an indirect Drilled a 12 -1/4" hole, 8-5/8", 24	wholly-owned subsidiary of Bla	sults in a multiple colled only after all red ack Hills Explorati	ompletion or recompletion quirements, including recla on & Production, Inc. sp	in a new interval mation, have be oud the above re	I, a Form 3160-4 shall be filed one en completed, and the operator has been completed, and the operator has been completed, and the operator has been completed.	
14. I hereby certify that the foregoin Name (PrintedlTyped)	g is true and correct		•			
Allison Newcomb		Title I	Engineering Technician		·.	
Signature Ollo	n Newcome	Q Date	5/17/2004	:		
	THIS SPACE FO	Paragramatikan Santaka	STATE OFFICE USE			
Approved by (Signature)		:	Name (Printed/Typed)	Т	itle	
Conditions of approval, if any, are a certify that the applicant holds lega which would entitle the applicant to c	attached. Approval of this notice d l or equitable title to those rights i onduct operations thereon.	oes not warrant or n the subject lease	Office		Date	
Title 18 U.S.C. Section 1001 and Tit States any false, fictitious or fraudule.	le 43 U.S.C. Section 1212, make it a nt statements or representations as to	a crime for any perso any matter within it	on knowingly and willfully s jurisdiction	to make to any d	lepartment or agency of the United	