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

Expires: January

Э.	Lease	Seriai	NO.

Jicarilla Contract 462

6. If Indian, Allottee or Tribe Name

Licenille	A manka	Talka	
Jicarilla	ADacate	THUE	

SUBMITINTR	7. If Unit or	7. If Unit or CA/Agreement, Name and/or No.				
1. Type of Well						
Oil Well Gas Well 2. Name of Operator	—	8. Well Name and No. Jicarilla 462-22 No. 22				
Mallon Oil Co., an indirect whol	ly-owned subsidiary of Black Hi	lls E & P, Inc.	The Artificial States of the Control	9. API We		
3a. Address		3b. Phone No. (inch	ude area code)	30-039-27		
350 Indiana Street, Suite 400 Go	olden, CO 80401	720-210-1308	·		nd Pool, or Explora	-
 Location of Well (Footage, Sec., 1975' FNL & 2050' FWL (SENV Sec. 22, T30N-R03W 				11. County	or Parish, State	<u>'s</u>
12. CHECK AP	PROPRIATE BOX(ES) TO	NDICATE NAT	URE OF NOTICE.	Rio Arrib REPORT, OI		
TYPE OF SUBMISSION			TYPE OF ACTION	,	·	
 Notice of Intent Subsequent Report Final Abandonment Notice 	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back		Abandon		
Attach the Bond under which th	wholly-owned subsidiary of Bla xs of cmt.	le the Bond No. on fi sults in a multiple co iled only after all req	le with BLM/BIA. Requirements, including rec	ired subsequent in a new interv lamation, have b	reports shall be fil al, a Form 3160-4 been completed, an	ed within 30 days shall be filed once d the operator has
Pressure test casing on 8/25/2004	10 2000 psi.				04 SEP 10 AM 10:	MED SECTIVED
14. I hereby certify that the foregoin Name (PrintedlTyped)	g is true and correct	1	- Color	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Z.A.	
Allison Newcomb		Title E	ngineering Technician	1	 	
Signature Allison	· Newcomb	Date 9	/8/2004			
	Warting Spacetife	REEDERALOR	SIVATIELOHALIGEAVIS	Eception		
Approved by (Signature)	/s/ David R. Sitzler		Name (Printed/Typed)	Division	of Multi-Re	sources
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to	does not warrant or in the subject lease	Office		Date SE	2 7 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 o any matter within its	on knowingly and willful s jurisdiction.	ly to make to any	y department or age	ncy of the United