

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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.

2004 OCT 12 PM 1 28

SUBMIT IN TRIPLICATE - Other Instructions on reverse side

1. Type of Well:
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Black Hills Gas Resources, Inc.

3a. Address
350 Indiana Street, Suite 400 Golden, CO 80401

3b. Phone No. (include area code)
720-210-1308

4. Location of Well (Footage, Sec., T, R., M., or Survey Description)
1188' FSL & 1603' FEL (SWSE) Unit O
Sec. 17, T30N-R03W

5. Lease Serial No.

Jicarilla Contract 459

6. If Indian, Allottee or Tribe Name

Jicarilla Apache Tribe

7. If Unit or CA/Agreement, Name and/or No.

22211

8. Well Name and No.

Jicarilla 459-17 No. 11

9. API Well No.

30-339-25906

10. Field and Pool, or Exploratory Area

Cabresto Canyon, Tertiary

11. County or Parish, State

San Juan, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>cement squeeze</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

3. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Black Hills Gas Resources, Inc. has cement squeezed the Cabresto Canyon, Tertiary formation of the above referenced well as follows:

CEMENT SAN JOSE PERFS 1668' TO 1805' THROUGH FULL BORE PACKER SET AT 1530' AS FOLLOWS. FILLED WELL BORE W/ 12 BBLs WTR. ESTABLISHED 3 BPM RATE AT 200 PSI. MIXED AND PUMPED 75 SXS CLASS B CMT W/ .075 GPS CFL-7L WATER LOSS. YIELD 1.18, 15.6#, 4.8 SXS PER BBL. START CMT IN FORMATION AT 2 BPM AT 600#. PRESS RISING PUMP AT 1.5 BPM AT 1100# DROPPED TO 1 BPM AT 1700#. PUMPED LAST BBL AT 1 BPM AT 2000#. SHUT IN AT 11:45 W/ 1700 PSI. DISPLACED TO 1572'.

CEMENT OJO ALAMO PERFS 3304' TO 3354' THROUGH CMT RETAINER SET AT 3274' AS FOLLOWS: FILLED WELL BORE W/ 22 BBLs WATER. ESTABLISHED RATE OF 3 BPM AT 200 PSI. MIXED AND PUMPED 100 SXS CLASS B CMT W/ .075 GPS CFL-7L WATER LOSS. PUMPED AT 2 BPM RATE AT 1300 PSI W/ PRESSURE BUILDING PUMPED AT 1.5 BPM RATE AT 1600 PSI. PRESS DROPPING CUT RATE TO 1.0 BPM AT 1000 PSI THE LAST 3 BBLs. END PRESS = 1100 PSI. CMT IN PLACE AT 09:05. FLUSHED CMT TO 3304' LEAVING 1/2 BBL CMT IN PIPE TO FALL ON TOP OF RETAINER. NIPPLED DOWN WITH CMT EQUIP.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Allison Newcomb

Title Engineering Technician

Signature

Allison Newcomb

Date 10/7/2004

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)

/s/ David R. Sitzler

Name
(Printed/Typed)

Division of Multi-Resources

Office

Date DEC 17 2004

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.

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.

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