

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.

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SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		070 FARMINGTON II	
2. Name of Operator Black Hills Gas Resources, Inc.		24251	
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) 2050' FNL & 630' FEL (SENE) Unit H Sec. 11, T29N-R03W		5. Lease Serial No. MDA 701-98-0013	
		6. If Indian, Allottee or Tribe Name Jicarilla Apache Tribe	
		7. If Unit or CA/Agreement, Name and/or No. Jicarilla 29-03-11 No. 2	
		8. Well Name and No. 30-639-26731	
		9. Field and Pool, or Exploratory Area Cabresto Canyon, Tertiary	
		10. County or Parish, State Rio Arriba, 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 cement squeeze
	<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 recomplete 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 recompletion 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 as follows:

perfs: 2270-2276 : EST INJ RATE @ 370 PSI W/3.5 BPM W/PRODUCED H2O. MIXED & PUMPED 75 SXS. OF TYPE III CMT W/1% CACL2 & 0.6% FL32 @ 14.5 PPG. DISPLACED W/ 15.5 BBLS OF H2O. 1,300 PSI FINAL PUMP PRESSURE. STUNG OUT OF CMT RETAINER & PULLED 4 STANDS OF TUBING. FLUSH TUBING W/10 BBLS OF H2O.

perfs: 2939-2942, 2944-2946, 2952-2960: EST INJ RATE @ 730 PSI W/3 BPM W/PRODUCED H2O. MIXED & PUMPED 25 SXS. OF TYPE III CMT W/1% CACL2 & 0.6% FL32 @ 14.5 PPG. DISPLACED W/13.5 BBLS OF H2O. 1,000 PSI FINAL PUMP PRESSURE. HESTATE 40 MIN. PRESSURED UP TO 1,100 PSI. W/0.4 BBL H2O. SHUT IN TUBING FOR 45 MIN.

perfs: 1260-1264, 1295-1301, 1328-1330: EST INJ RATE @ 800 PSI W/2.5 BPM W/PRODUCED H2O. MIXED & PUMPED 25 SXS. OF TYPE III CMT W/1% CACL2 & 0.6% FL32 @ 14.5 PPG. DISPLACED W/7.5 BBLS OF H2O. STUNG OUT OF CMT RETAINER AND PULLED 4 STANDS OF TUBING. FLUSH TUBING W/5 BBLS OF H2O. 930 PSI FINAL PUMP PRESSURE

perfs: 1515-1521: EST INJ RATE @ 110 PSI W/3 BPM W/PRODUCED H2O. MIXED & PUMPED 75 SXS. OF TYPE III CMT W/1% CACL2 & 0.6% FL32 @ 14.5 PPG. DISPLACED W/8 BBLS OF H2O. 870 PSI FINAL PUMP PRESSURE.

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

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.

Office

Date

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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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