(September 2001)

(Continued on next page)

## UNDERDOTATES 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.

FOR	M APPROVED
OMB	No. 1004-0135
Expires:	January 31, 200

5.	I	ease	Serial	Nο

Jicarilla Contract 451
6. If Indian, Allottee or Tribe Name

licarilla	Anacha Triba

SUBMIT IN TRIPLICATE Cither Instructions on reverse side					7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well	<b>-</b>						
☐ Oil Well ☐ Gas Well ☐	Other	<u> Parting and Australian (1987)</u>	the second second	8. Well Nar	ne and No.		
2. Name of Operator	Electrical Brown, read sector electrical	Leanna Niche i F	Holory , to distinguish		1-09 No. 11		
Mallon Oil Co., an indirect whol	ly-owned subsidiary of Black		<u>, , , , , , , , , , , , , , , , , , , </u>	9. API Wel			
3a. Address		3b. Phone No. (incl	uae area coae)	30-039-27			
350 Indiana Street, Suite 400 Ge		720-210-1308		J '	10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec. 735' FNL & 705 FWL (NWNW) Sec. 9, T29N-R03W		) ^			co, Pictured Cliffs or Parish, State		
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NAT	URE OF NOTICE, RI				
TYPE OF SUBMISSION		· · · · · · · · · · · · · · · · · · ·	TYPE OF ACTION				
	Acidize	Deepen	Production (Start	/Resume)	Water Shut-Off		
☐ Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity		
<b>57</b> 1	Casing Repair	New Construction			Other Spud & Surface		
Subsequent Report	Change Plans	Plug and Abando			Casing		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		Cushig		
Mallon Oil Company, an indirect Drilled a 12 -1/4" hole, 8-5/8", 2-	t wholly-owned subsidiary of I	Black Hills Exploration 79' KB. Cemented v	on & Production, Inc. spuvith 175 sx of cement. Re	d the above returned 5 bbls	RECEIVED  RECEIVED  RECEIVED  RECEIVED  RECEIVED  RECEIVED		
14. 1 hereby certify that the foregoin	ng is true and correct						
Name (PrintedlTyped)			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
Allison Newcomb		Title	Engineering Technician	all the second			
Signature Allison	1 Dewcomb	Date	8/27/2004				
	THIS SPACE IT	OR PEPERAL OR	STATE OF TOE USE	April 1900			
Approved by (Signature)	/s/ David R. Sitzler		Name (Printed/Typed)	Div	inn of Multi-Resource		
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to	attached. Approval of this notic al or equitable title to those righ conduct operations thereon.	e does not warrant or ts in the subject lease	Office		Date SEP 2 7 2004		
Title 18 U.S.C. Section 1001 and Ti States any false, fictitious or fraudule	itle 43 U.S.C. Section 1212, make ent statements or representations a	it a crime for any pers s to any matter within i	on knowingly and willfully t ts jurisdiction.	to make to any	department or agency of the United		