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

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5. Lease Serial No.		
MDA 701-98-0013		
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abandoned well. Use Form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name Jicarilla Apache Tribe			
SUBMIT IN TR	RIPLICATE - Other Instru	ictions on r	everse sid	6			Agreement, Na	me and/or No.
1. Type of Well				ECEIVIO				
Oil Well Gas Well	Other		1 1 1 070 E	· m · thi v · · v	8. Well N	8. Well Name and No.		
2. Name of Operator				Jicarilla 3	Jicarilla 30-03-27 No. 14			
Black Hills Gas Resources, Inc.	<u> </u>	1			9. API We	il No.	•	
3a. Address 3b			3b. Phone No. (include area code)			9246	· · · · · · · · · · · · · · · · · · ·	
350 Indiana Street, Suite 400 Golden, CO 80401 72			720-210-1308				ol, or Explorator	y Area
4. Location of Well (Footage, Sec., 355' FNL & 875' FEL (NENE) USec. 27, T30N-R03W	n of Well (Footage, Sec., T, R., M., or Survey Description) & 875' FEL (NENE) Unit A East Blanco, Pictured Cliffs 11. County or Parish, State							
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE	NATURE C	F NOTICE, I				
TYPE OF SUBMISSION			TYPE C	F ACTION				
	Acidize	Deepen		Production (Sta	art/Resume)		Water Shut-Of	f
Notice of Intent	Alter Casing	Fracture Tr	eat 🔲	Reclamation		ā	Well Integrity	
Subsequent Report	Casing Repair	New Consti	ruction 🔲	Recomplete		abla	Other Produc	tion Casing
Subsequent Report	Change Plans	Plug and A	bandon 🔲	Temporarily A	bandon		& Casing Pre	essure Test
Final Abandonment Notice	Convert to Injection	Plug Back		Water Disposal				
testing has been completed. Fin determined that the site is ready Black Hills Gas Resources, Inc. Circulated 2 bbls to surface. A TD of 3670' was reached on 10 Pressure test casing on 12/16/200	ran 5-1/2", 15.5lb, J-55 LTC pi	filed only after	all requirement	s, including recl	amation, have l	been co	ompleted, and t	the operator has
14. I hereby certify that the foregoin Name (PrintedlTyped)	g is true and correct	1					•	
Allison Newcomb			Title Engineer	ing Technician				
Signature () () () 1 NT	n Deuxom	10						
	THIS SPACE FO	inglessors Coervices seem	Date 1/10/200	Section and the Control of the Control		A STATE OF		tiese
Approved by (Signature)	/s/ David R. Sit	C ACCUM CONTRACTOR CONTRACTOR	Name (Printed/T)	 1948 - Grand Harris, 29 Bern Bern 3 Jen 196 (2018) 	Division	TOFe	Multi-Re	sources
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to c	attached. Approval of this notice al or equitable title to those right conduct operations thereon.	does not warra s in the subject	nt or Office			<u> </u>	There	1 1 2005

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.