

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 SEP 1 PM 3

**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)  
660' FSL & 660' FEL SESE  
Sec. 4, T29N-R03W Unit P

5. Lease Serial No.  
Jicarilla 451

6. If Indian, Allottee or Tribe Name  
Jicarilla Apache Tribe

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

8. Well Name and No.  
Jicarilla 451-4 No. 44

9. API Well No.  
30-039-27729

10. Field and Pool, or Exploratory Area  
Cabresto Canyon, Tertiary

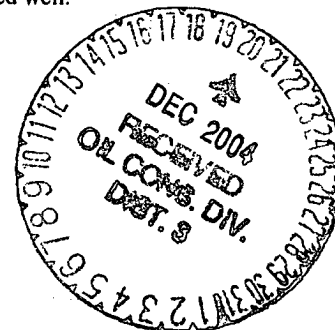
11. County or Parish, State  
Rio Arriba, NM

**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 Tertiary formation |
|                                                       | <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 completed the Cabresto Canyon, Tertiary formation of the above referenced well.



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

Allison Newcomb

Title Engineering Technician

Signature

Allison Newcomb

Date 9/27/2004

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by (Signature)

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

DEC 17 2004

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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