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

5. Lease Serial No.	_
Jicarilla Contract 452	
6 If Indian Allottee or Tribe Name	_

				Mcarilla Apac	he Tribe	
SUBMITINITE	IPLICATE - Other Instruc	tionsion rever	se side	3)	A/Agreement, Name and/or No.	
1. Type of Well	Francisco de la Carrio de Companyo	garanta a kalendar				
Oil Well Gas Well	Other	1.50	THE SHOP OF THE STATE OF	8. Well Name	and No.	
2. Name of Operator					Jicarilla 452-06 No. 23	
Mallon Oil Co., an indirect wholly-owned subsidiary of Black Hills E & P, Inc.					9. API Well No.	
3a. Address 3b. Phone No. (include area code)			30-039-27730			
350 Indiana Street, Suite 400 Golden, CO 80401 720-210-1308			10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., 2060' FNL & 2215 FEL (SWNE Sec. 6, T29N-R03W				East Blanco, 11. County or F Rio Arriba, N	·	
12. CHECK AP	PROPRIATE BOX(ES) TO I	NDICATE NAT	URE OF NOTICE, R			
TYPE OF SUBMISSION		TYPE OF ACTION				
Notice of Intent✓ Subsequent Report	Acidize Alter Casing Casing Repair Change Plans	Deepen Fracture Treat New Construction Plug and Abando			Water Shut-Off Well Integrity Other Spud & Surface	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	andon	Casing	
testing has been completed. Fin determined that the site is ready Mallon Oil Company, an indirect Drilled a 12 -1/4" hole, 8-5/8", 24	wholly-owned subsidiary of Bla	led only after all requestions	uirements, including recla on & Production, Inc. sp	mation, have been ud the above refe	completed, and the operator has renced well on 6/5/2004.	
14. 1 hereby certify that the foregoin Name (PrintedlTyped)	g is true and correct	1	EURIN OF ST		-	
Allison Newcomb		Title E	Ingineering Technician			
Signature (IIIO)	1 Newromb		/27/2004			
	THIS SPACE FO		STATE OFFICE USE	or William		
Approved by (Signature)	/s/ David R. Sitzler		Name (Printed/Typed)	Division	of Multi-Resources	
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to determine the appl	attached. Approval of this notice d al or equitable title to those rights i conduct operations thereon.	oes not warrant or n the subject lease	Office	1	SEP 2 7 2004	
Title 18 U.S.C. Section 1001 and Tit States any false, fictitious or fraudule	tle 43 U.S.C. Section 1212, make it a ent statements or representations as to	a crime for any personany matter within its	n knowingly and willfully s jurisdiction.	to make to any dep	partment or agency of the United	