Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED
OMB No. 1004-0135
Expires: January 31, 2004

		Expires:	January	31
5.	Lease	Serial No		

	RY NOTICES AND REPOR is form for proposals to a ell. Use Form 3160-3 (APD)				MDA 70 6. If India Jicarilla	i, Allo	ttee or T	ribe Name	
	IRLIGATE: Ciberinsirus	લ((ગૃ) ફાર્યોત	eyelsesig	1,511,410,4				nt, Name a	nd/or No.
1. Type of Well Gas Well C	Other	and the		• .	8. Well N	ame ar	nd No.		
2. Name of Operator		en de la companya de La companya de la co		The first section of	Jicarilla 3	<u> 30-03-</u>	25 No. 1	<u> </u>	
Mallon Oil Co., an indirect whol	ly-owned subsidiary of Black H				9. API W	ہن	7500	7 17	
3a. Address	the second second second	all the service of	o. (include area	code)	30-039- × /8 × / 10. Field and Pool, or Exploratory Area				
350 Indiana Street, Suite 400 Go		720-210-130)8		East Blanco, Pictured Cliffs				
4. Location of Well (Footage, Sec., T, R., M., or Survey Description) 720' FSL & 640 FWL (SWSW) Unit M Sec. 25, T30N-R03W						11. County or Parish, State			
12 CHECK AP	PROPRIATE BOX(ES) TO	INDICATE	NATURE C	F NOTICE R	Rio Arril EPORT O			ATA	
TYPE OF SUBMISSION	Korkin E Bon(Bb) To			OF ACTION	Er Okt, o	K O I	TILK E	711111	
111201001		<u> </u>				_			
☐ Notice of Intent	Acidize Alter Casing	☐ Deepen☐ Fracture Ti	<u>u</u>	Production (Start Reclamation	/Resume)	H	Water Si		
	Casing Repair	New Const		Recomplete			Well Into	egnty Spud & Su	rface
Subsequent Report	Change Plans	Plug and A		Temporarily Ab	andon	41	Casing		- I I I I I
Final Abandonment Notice	Convert to Injection	Plug Back		Water Disposal			Cusing		
Mallon Oil Company, an indirect Drilled a 12 -1/4" hole, 8-5/8", 24	wholly-owned subsidiary of Bla	ack Hills Exp	loration & Pro with 175 sx o	duction, Inc. spi f cement. Return	id the above	1010 ALBUQUERQUE, N.M.	onced we are out and all of the second we are out and all of the second we are a second with a second we are a	BC IV	/2004.
14. 1 hereby certify that the foregoin	g is true and correct					<u>.</u> ≆.			
Name (PrintedITyped)			Title p						
Allison Newcomb		1	Engineer	ing Technician					
Signature (LLL)	M Thuscom	16	Date 8/27/200	4		ii wanan			
	THIS SPACE FO		OR STATE	OFFICE USE	set net		til a	a il pagazi	
Approved by (Signature)	/s/ David R. Sitzler	r 	Name (Printed/Ty	ped)	Division	Afe	Multi	-Resou	urces
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c	attached. Approval of this notice of il or equitable title to those rights onduct operations thereon.	does not warra in the subject	nt or Office lease				Date S	EP 2 7	200∡