rorm 3100-3 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BURFALLOF LAND MANAGEMENT

BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter and

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

		Janu		4
 - :	-	 	 	

5. Lease Serial No.
Jicarilla Contract 451
6. If Indian, Allottee or Tribe Name
Jicarilla Apache Tribe

abandoned we	ell. Use Form 3160-3 (API	D) for such propos	sals.	Jicarilla Anache T	rihe		
	Jicarilla Apache Tribe 7. If Unit or CA/Agreement, Name and/or No.						
	IPLICATE - Other instr	uctions on rever	'se side - ↑↑ 1 - 58				
1. Type of Well	-	COST DEG TO	11: 1 00	24245	. •		
Oil Well Gas Well	Other		11/1000	8. Well Name and No.			
2. Name of Operator		070 FARMI		Jicarilla 451-09 No. 11			
Black Hills Gas Resources, Inc.			9. API Well No.				
3a. Address 3b. Phone N			uae area coae)	30-039-27799			
350 Indiana Street, Suite 400 Golden, CO 80401 720-210-1300			10. Field and Pool, or Exploratory Area East Blanco, Pictured Cliffs				
4. Location of Well (Footage, Sec., 735' FNL & 705 FWL (NWNW) Sec. 9, T29N-R03W		n) 		11. County or Parish Rio Arriba, NM	Parish, State		
12. CHECK AP	PROPRIATE BOX(ES) TO	O INDICATE NAT	URE OF NOTICE, R	EPORT, OR OTH	ER DATA		
TYPE OF SUBMISSION TYPE OF ACTION							
	Acidize	Deepen Deepen	Production (Start	/Resume)	ater Shut-Off		
Notice of Intent	Alter Casing	Fracture Treat	Reclamation	· · · · · · · · · · · · · · · · · · ·	Vell Integrity		
-	Casing Repair	New Construction			ther Commingle		
✓ Subsequent Report	Change Plans	Plug and Abando	· ·		ormations		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal				
Describe Proposed or Complete	d Operation (clearly state all per	inent details including	estimated starting date of a	ny proposed work and	annroximate duration thereo		
testing has been completed. Fin determined that the site is ready Black Hills Gas Resources, Inc. Is formations.	-	e filed only after all red	quirements, including recla	s and the Cabresto C	anyon, Tertiary		
14. 1 hereby certify that the foregoin Name (PrintedlTyped)	g is true and correct						
Allison Newcomb		Title	Engineering Technician				
Signature (Illust)	n Tlewcor	nb Date	12/7/2004				
	THIS SPACE F	OR FEDERAL OR	STATE OFFICE USE				
Approved by (Signature)	/s/ David R. Sitz	eler	Name (Printed/Typed)	Divisioniaf	Multi-Resources		
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to contain the container.	il or equitable title to those righ	ce does not warrant or its in the subject lease	Office		Date JAN 1 4 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.