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 lise Form 3160-3 (APD) for such proposals

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

5. Lease Serial No.
MDA 701-98-0013
6. If Indian, Allottee or Tribe Name

FARMINGTON DISTRICT OFFICE

Date

apandoned wo	an. Use Fullii 3160-3 (APD)	ior sucii proposai	2004 OCT 8 P]]Jicarilla?A	pache	
SUBMIT IN TR	IPLICATE - Other Instru	llons oh revers	Manager a continue of the cont		r CA/Agreement, Name and/or	
1. Type of Well	1. Type of Well and the property of the same of 070 FARMING					
Oil Well Gas Well	8. Well Name and No. Jicarilla 30-03-33 #1					
•	2. Name of Operator Mallon Oil Company, an indirect wholly-owned subsidiary of Black Hills Explorati					
3a. Address	wholly-owned subsidiary of Di			9. API Well No. 30-039-27595		
350 Indiana St., #400, Golden,	CO 20401	720-210-1338		10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec.,		720-210-1338		East Blanco; Pictured Cliffs / CY 1: A FU		
870' FNL & 1975' FEL (NWNE) Sec. 33, T30N-R03W		•		-	or Parish, State	· /
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NATU	RE OF NOTICE, RE			-
TYPE OF SUBMISSION			PE OF ACTION			
	Acidize [Deepen	Production (Start/	Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat	Reclamation	icosumo)	Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomplete		Other	
	Change Plans	Plug and Abandon	Temporarily Abar	ndon		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal			
Attach the Bond under which the following completion of the invitesting has been completed. Fin	ctionally or recomplete horizontally be work will be performed or provi- olved operations. If the operation re- al Abandonment Notices shall be a for final inspection.) wholly-owned subsidiary of Bl	de the Bond No. on file esults in a multiple com iled only after all requi	with BLM/BIA. Required pletion or recompletion in rements, including reclam	d subsequent a new interv ation, have t	reports shall be filed within 3 ral, a Form 3160-4 shall be file been completed, and the operar	0 days d once tor has
			205			
14. I hereby certify that the foregoin Name (Printed)Typed)	ig is true and correct	1				
Julie Stifflear Julie	Sufflear	Title Pro	oduction Accountant	CCERTI	EN SOR RECORD	
Signature			ptember 27, 2004		D A A COOR	
	THIS SPACE FO		TATE OFFICE USE			

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.

Name

(Printed/Typed) Office

Approved by (Signature)

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.