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.

J.	Luasu	361	ıaı	111
		-		

Jicarilla Contract 460
6 If Indian, Allottee or Tribe Name

	,				Jicarilla Aj	oache T	`ribe	
SUBMIT IN TR	IPLICATE - Other instruc	ctions on rev	erse side		7. If Unit or	CA/Agi	reement, Name and/or No.	
1. Type of Well						22183		
☐ Oil Well ☐ Gas Well ☐ Other					8. Well Name and No.			
2. Name of Operator					Jicarilla 46		0. 4	
Black Hills Gas Resources, Inc. 3a. Address		3h Phone No. (is	hone No. (include area code)			9. API Well No.		
		`	,			30-039-25785 10. Field and Pool, or Exploratory Area		
350 Indiana Street, Suite 400 Golden, CO 80401 720-210-1308 4. Location of Well (Footage, Sec., T, R., M., or Survey Description)					East Blanco, Pictured Cliffs			
840' FSL & 1180' FWL (SWSW) Sec. 16, T30N-R03W) Unit M			,	11. County			
					Rio Arriba, NM			
	PROPRIATE BOX(ES) TO	INDICATE NA			EPORT, OR	OTH	ER DATA	
TYPE OF SUBMISSION			TYPE O	F ACTION				
	Acidize	Deepen		Production (Start	Resume)	☐ w	ater Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat		Reclamation		□ w	ell Integrity	
Subsequent Report	Casing Repair	New Construct	ion 🔽	Recomplete		O 1	ther	
	Change Plans	Plug and Aban	don 🔲	Temporarily Aba	ndon	_		
Final Abandonment Notice	Convert to Injection	Plug Back		Water Disposal				
testing has been completed. Fin determined that the site is ready Black Hills Gas Resources, Inc has Alamo, Tertiary formation. The	as recompleted the above well in Ojo Alamo, Tertiary formation	n the East Blanco	equirement , Pictured (This well w ACCEPT APF	e, including reclans control of the	This well wooduction on	ill be co	ommingled with the Oje 1005.	
14. I hereby certify that the foregoin Name (PrintedlTyped)	g is true and correct		DY	AH	and the second second	on the	<u>⊢</u> . ω	
Allison Newcomb		11t1	^e Engineer	ing Technician				
Signature Date 3/28/2005								
	THIS SPACE FO	OR FEDERAL C	R STATE	OFFICE USE				
Approved by (Signature)	· · · · · · · · · · · · · · · · · · ·		Name (Printed/T)	ped)		Title		
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to determine the appl	al or equitable title to those rights	does not warrant of in the subject leas	Office se				D ate	

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.