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.

5. Lease Serial No.

MDA 701-98-0013

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5.	If	I	n	di	a	n,	A	\I	lo	tt	oe	or	Tribe	Nam

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

					Jicarilla A	pache	e Tribe	
SUBMIT IN TR	IPLICATE - Other instruc	tions on reven	se⁄side	(P) 11:50	7. If Upit or	CA/	Agreement, Name and	t/or No.
1. Type of Well	•		RECE	TA III				
Oil Well Gas Well	Other	<u> </u>			8. Well Name and No.			
2. Name of Operator		010 :	ARMI	AUTUA LIA	Jicarilla 30	_		
Black Hills Gas Resources, Inc.					9. API Wel			
3a. Address		3b. Phone No. (incli	ide area	code)	30-039-29			
350 Indiana Street, Suite 400 Go		720-210-1308					i, or Exploratory Area	l
4. Location of Well (Footage, Sec.,					Basin, Fru			
355' FNL & 875' FEL (NENE) U	Jnit A		,		11. County	or Pai	rish, State	
Sec. 27, T30N-R03W					Dia Amila	. NIN	4	
10 CVFCV AD		D 10 10 1 mp > 1 1 m			Rio Arrib			
12. CHECK API	PROPRIATE BOX(ES) TO	INDICATE NAT	UKE O	F NOTICE, RE	PORT, OF	(01	HER DATA	
TYPE OF SUBMISSION		-	TYPE O	F ACTION				
	Acidize	Deepen		Production (Start/	Decume)		Water Shut-Off	
✓ Notice of Intent	Alter Casing	Fracture Treat		Reclamation	cesume) _	Ħ	Well Integrity	
		•				M	Other Formation	
Subsequent Report	Casing Repair	New Construction		Recomplete		T.		
Final Abandonment Notice	Change Plans	Plug and Abandor		Temporarily Aba	ngon		Completion	_
Tillal 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. in	ntends to complete the above response to the second	fled only after all requestions for the	uirement	s, including reclam	iation, have b	OTO FARSHIO	ompleted, and the ope	ned once
14. I hereby certify that the foregoin Name (PrintedlTyped)	g is true and correct							
Allison Newcomb		Title E	ngineer	ing Technician				
Signature ()	u Duxm	1	5/10/200					
	THIS SPACE FO	R FEDERAL OR	STATE	OFFICE USE				1300 (1500) 1300 (1500)
Approved by (Signature)	/s/ Adrienne Br	umley	Name (Printed/T)	rped)		Title		
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to	attached. Approval of this notice al or equitable title to those rights conduct operations thereon.	does not warrant or in the subject lease	Office	FFO			Date 5/3/1	05

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.