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						
Lease Serial No.						
icarilla Contract 459						

Do not use this form for proposals to drill or to re-enter an		Jicarilla Contract 459		
abandoned w	ell. Use Form 3160-3 (APD)	ariii or to re-enter) for such proposal	an s.	6. If Indian, Allottee or Tribe Name
				Jicarilla Apache Tribe
SUBMIT IN TR	RIPLICATE - Other instru	ctions on reverse	side	7. If Unit or CA/Agreement, Name and/or No.
I. Type of Well			REGENER	
🔲 Oil Well 😡 Gas Well 🕻	☐ Òther	01	re Erbraner	8. Well Name and No.
2. Name of Operator		, , , , , , , , , , , , , , , , , , ,	9 1 1 1 1 1 1 1 1 1 2 1 2	Jicarilla 459 No. 3
Black Hills Gas Resources, Inc.				9. API Well No.
3a. Address 3b. Phone No. (include area code)		30-039-24306		
350 Indiana Street, Suite 400 Golden, CO 80401 720-210-1308		10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T, R., M., or Survey Description)		East Blanco, Pictured Cliffs		
Sec. 18, T30N-R03W 1658' FNL & 1901' FEL (SWNE	E) Unit G			11. County or Parish, State Rio Arriba, NM
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NATU	RE OF NOTICE, R	REPORT, OR OTHER DATA
TYPE OF SUBMISSION		T	PE OF ACTION	
Notice of Intent	Alter Casing	Deepen Fracture Treat	Production (Star	Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomplete	Other
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily Al	oandon
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	
determined that the site is ready Black Hills Gas Resources, inc h formation. This well has been co	as recompleted the above refere	Tertiary formation. T	out the CIBP at 3600' This well was returned	to re-enter East Blanco, Pictured Cliffs I to production on 3/1/2005.
PLEASE SU	BMIT YOUR	DHC	ALCATION	METHODO/064.
14. I hereby certify that the foregoin Name (PrintedlTyped)	ng is true and correct			
Allison Newcomb		Title En	gineering Technician	·
Signature (1)	Thewcom E	Date 5/1	7/2005	
	THIS SPACE FO	OR FEDERAL OR S	TATE OFFICE USF	
Approved by (Signature)		i	ame rinted/Typed)	ACCEPTED FOR HECORD
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to	al or equitable title to those right	c does not wantant of f	office	JUN 0 2 2005
Title 18 U.S.C. Section 1001 and Ti States any false, fictitious or fraudul	itle 43 U.S.C. Section 1212, make ent statements or representations as	it a crime for any person to any matter within its j	knowingly and willfully urisdiction.	