

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

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. Jicarilla Cont. 459
2. Name of Operator Black Hills Gas Resources, Inc.		6. If Indian, Allottee or Tribe Name Jicarilla Apache Tribe
3a. Address PO Box 249 Bloomfield, NM 87413	3b. Phone No. (include area code) 505-634-1111	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T, R., M., or Survey Description) Sec. 19, T30N, R03W 1850' FNL & 750' FWL Unit E		8. Well Name and No. Jicarilla 459-19 No.9
		9. API Well No. 30-039-25764
		10. Field and Pool, or Exploratory Area East Blanco, Pictured Cliffs
		11. County or Parish, State Rio Arriba, NM

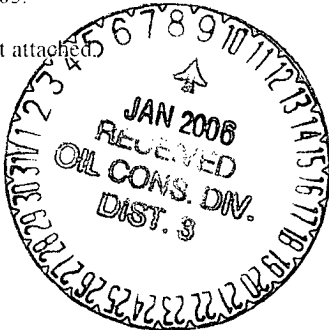
**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

3. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Black Hills Gas Resources, Inc. has successfully repaired the casing on the above referenced well. Casing repair was achieved with a cement squeeze performed 12/12/05.

Pressure test chart attached



ACCEPTED FOR RECORD  
DEC 29 2005  
FARMINGTON FIELD OFFICE  
BY *[Signature]*

RECEIVED  
DEC 27 PM 12 34  
FARMINGTON NM

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Agatha Snell		Title Admin. Tech.
Signature <i>Agatha Snell</i>		Date 12/16/05

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

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.	Name (Printed/Typed)	Title
	Office	Date

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.

(Continued on next page)

NMOCD

*[Handwritten signature]*

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GRAPHIC CONTROLS CORPORATION  
 BUFFALO, NEW YORK  
 ON 10:50 AM OFF 11:35 AM  
 1000 \* 3.1416  
 TEST FIRM  
 O-385  
 12/14/05 1018  
 BR 4638  
 X10  
 1018  
 1018  
 1018

# J-W MEASUREMENT COMPANY

**A subsidiary of J-W Operating Company**

**Denver**  
**800-333-4990**

**Casper**  
**800-442-2465**

**Williston**  
**701-572-0061**

**Salt Lake City**  
**801-733-5846**

**Farmington**  
**505-324-8880**

**Gillette**  
**307-687-7340**

**Lakin, KS**  
**620-355-7405**

**Rock Springs**  
**307-382-2474**

# ~~ELECTRONIC~~ ORIFICE METER TEST REPORT

COMPANY: <b>Black Hills Resources</b>				DATE: <b>12-13-05</b>		TIME: <b>11:00 AM</b>		
GAS FROM:				FED. LEASE:		PM		
GAS TO:				STATION NO.:				
LEASE:				FIELD:				
MAKE: <b>Metservo</b>		MODEL: <b>Pressure</b>		S/N: <b>N/A</b>		ATMOS. PRESS.:		
DIFF. RANGE: <b>—</b>		STATIC RANGE: <b>0-1000#</b>		TEMP. RANGE: <b>—</b>		<b>—</b>		
DIFFERENTIAL AVERAGE			STATIC TEST			C O S G		
FOUND: <b>—</b>		LEFT: <b>—</b>		TRANSDUCER TYPE: <b>—</b>			ORIFICE FITTING	
STATIC AVERAGE			S/N: <b>—</b>			RANGE: <b>0-1000#</b>		
FOUND: <b>—</b>		LEFT: <b>0#</b>		AS FOUND		AS LEFT		
TEMPERATURE TEST			ZERO			<b>—</b>		
FOUND: <b>—</b>		LEFT: <b>—</b>		FULL SCALE			<b>—</b>	
DIFFERENTIAL TEST			E F M			ORIFICE PLATE INSPECTION		
TRANSDUCER TYPE:			SIMULATED PSI			YES <input type="checkbox"/> NO <input type="checkbox"/>		
S/N		RANGE:		AS FOUND			AS LEFT	
				<b>0</b>			<b>0</b>	
AS FOUND		AS LEFT		<b>500</b>			<b>500</b>	
ZERO				<b>1000</b>			<b>1000</b>	
FULL SCALE				<b>500</b>			<b>500</b>	
E F M			<b>0</b>			<b>0</b>		
SIMULATED DP		AS FOUND		AS LEFT		BEVELED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
TEMPERATURE TEST			TRANSDUCER TYPE:			SEAL RING CONDITION		
			S/N:			GOOD <input type="checkbox"/> BAD <input type="checkbox"/>		
			RANGE:			REMARKS:		
				AS FOUND			AS LEFT	
				ZERO				
				FULL SCALE				
				RTD SIMULATOR			AS FOUND	
							AS LEFT	

REMARKS :

TESTER

COMPANY

WITNESS

COMPANY