Form 3160-5 (November 1994)

## 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 reenter an abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996

5. Lease Serial No.

JIC CONTRACT 457

6. If Indian, Allottee or Tribe Name

| abalidolled Well.                                                                                                                                                                            | OSE I OIIII 3100-3 (AFD)                                                                                | ivi sucii proposai                                           | Jicari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Jicarilla Apache Tribe                        |                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------|--|
|                                                                                                                                                                                              | ICATE – Other instru                                                                                    | ctions on revers                                             | A Contract of the Contract of | Unit or CA/Agreement, Name                    | and/or No.     |  |
| Type of Well                                                                                                                                                                                 | Other "AMENI                                                                                            | N - 2 "                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                |  |
| Oil Well X Gas Well                                                                                                                                                                          | ひとひ                                                                                                     |                                                              | 8. Well Name and No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                |  |
| 2. Name of Operator                                                                                                                                                                          |                                                                                                         |                                                              | <b> </b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Jicarilla 457-09 #1                           |                |  |
| lack Hills Gas Resources                                                                                                                                                                     | <del> </del>                                                                                            | Pippin LLC (Agent                                            | ./                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9. API Well No.                               |                |  |
| Ba. Address                                                                                                                                                                                  |                                                                                                         | 3b. Phone No. (includ                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 30-039-25902                                  |                |  |
| 3104 N. Sullivan, Farmingto                                                                                                                                                                  | 505-327-4573                                                                                            |                                                              | 10. Field and Pool, or Exploratory Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                |  |
| Location of Well (Footage, Sec., I                                                                                                                                                           |                                                                                                         |                                                              | East Blanco Pictured Cliffs AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                |  |
| Surface: 1150' FSL & 1191' FEL Unit P Sec. 9 T30N R3W                                                                                                                                        |                                                                                                         |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                |  |
| Sottom Hole: 739' FSL &                                                                                                                                                                      | 10, T30N, R03W                                                                                          | Rio A                                                        | Rio Arriba County, New Mexico                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                |  |
| 2. CHECK APPROPRIATE BOX                                                                                                                                                                     | X(ES) TO INDICATE NAT                                                                                   | URE OF NOTICE, R                                             | EPORT, OR OTHER D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DATA                                          |                |  |
| TYPE OF SUBMISSION                                                                                                                                                                           | TYPE OF ACTION                                                                                          |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                |  |
| Notice of Intent                                                                                                                                                                             | Acidize                                                                                                 | Deepen                                                       | Production (Start/Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | esume)   Water Shut-Of                        | Ŧ              |  |
|                                                                                                                                                                                              | Alter Casing                                                                                            | Fracture Treat                                               | Reclamation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Well Integrity                                |                |  |
| X Subsequent Report                                                                                                                                                                          | Casing Repair                                                                                           | New Construction                                             | Recomplete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Other Drill                                   | 100            |  |
|                                                                                                                                                                                              | Change Plans                                                                                            | Plug and Abandon                                             | Temporarily Aband                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <del></del>                                   | C              |  |
| Final Abandonment Notice                                                                                                                                                                     | Convert to Injection                                                                                    | Plug Back                                                    | ☐ Water Disposal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Lateral                                       |                |  |
| 'This is part of the Permit<br>5/27/05: MI drilling rig. Cu<br>7/10/05.<br>6/14/05 MIRUSU. Ran 2-7/<br>6003' w/5-1/2" Arrowset 1-X<br>cool @ 3669'. Swab tested<br>nitiate pumping. Released | t window in 5-1/2" csg (<br>/8" 8.7# P-110 tbg w/4 p<br>( pkr @ 3674' & on/off t<br>0 MCF/D. Released p | @ 3750'-63'. Drill<br>perfed jts spaced<br>tool @ 3669'. Rai | throughout horizon<br>1 2-3/8" 4.7# J-55 ti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tal hole. Landed tog<br>bg & latched on to or | @<br>i/off     |  |
| Permit                                                                                                                                                                                       |                                                                                                         |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | F OULCO                                       |                |  |
| Name (Printed/Typed)                                                                                                                                                                         | Pinnin                                                                                                  | Title                                                        | Petr. Engr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Agent) Co Die                                | TO. DA         |  |
| Signature 24/1/                                                                                                                                                                              | Pippin,                                                                                                 | Date                                                         | ı ou. Engi.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Aidour (Q                                     | <i>U . X</i> ? |  |
| Mika                                                                                                                                                                                         | tussin                                                                                                  |                                                              | July 14, 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2006 <u>V.S.</u>                              | 07             |  |
|                                                                                                                                                                                              | THIS SPACE                                                                                              | FOR FEDERAL OR S                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                |  |
| Approved by                                                                                                                                                                                  |                                                                                                         | Title                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date                                          |                |  |
| Conditions of approval, if any, are attache<br>certify that the applicant holds legal or eq<br>which would entitle the applicant to condu                                                    | uitable title to those rights in the su<br>act operations thereon.                                      | bject lease                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                |  |
| Title 18 U.S.C. Section 1001, makes it fraudulent statements or representation                                                                                                               |                                                                                                         |                                                              | o any department or agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | y of the United States any falso              | e, fictitious  |  |