Form 3160-5 (September 2001)

## UNITED STATES DEPARTMENT OF THE INTERIOR RUBEAU OF LAND MANAGEMENT

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

DELYMENT OF THE INTERIOR					Expires. January 31, 2004	
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.	
				Jic 45	7	
				6. If India	an, Allottee or Tribe Name	
apandoneu we	;ii. Use Foriii 3 100-3 (AFD)	ioi such propo.	)ai3,	Jicarilla	Anache	
A Section of the Control of the Cont	A survivaire to the survivaire	in the case of a few art NAC.			or CA/Agreement, Name and/or No.	
	IPLICATE - Other instruc	ctions on reve	se side	1, 1, 0, 1, 1,	or expressions, runne and expression	
1. Type of Well						
Oil Well Gas Well Other				<del> </del>	Name and No.	
Name of Operator  Mallon Oil Company, an indirect wholly-owned subsidiary of Black Hills Explorati					illa 457-4 No. 2	
	3b. Phone No. (include area code)		9. API W			
Ba. Address		· ·			9-25780 and Pool, or Exploratory Area	
350 Indiana St., #400, Golden, CO 80401		720-210-1300			Cabresto Canyon, Tertiary	
Location of Well (Footage, Sec.,				11. County or Parish, State		
1510' FSL and 2400' FWL (NESW) Unit K				11. 00411	., 01 1 41311, 0440	
				Rio Arr	iba, NM	
12 CHECK AD	PROPRIATE BOX(ES) TO	NIDICATE NAT	TURE OF NOTICE I			
	FROFRIATE BOX(ES) TO			CLI OICI, C	OK OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
reset	Acidize	Deepen	Production (Sta	rt/Resume)	☐ Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity	
Subsequent Report	Casing Repair	New Constructio	n 🖸 Recomplete		Other	
	Change Plans	Plug and Abando	n Temporarily A	bandon		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal			
determined that the site is ready	for final inspection.)  wholly-owned subsidiary of Black	ack Hills Explorati			e been completed, and the operator have been completed.	
14. 1 hereby certify that the foregoing Name (PrintedlTyped)	g is true and correct		2000			
Allison Newcomb	`	Title	Engineering Technician	a		
Signature allow	. Newcomb	Date	2/5/04			
	THIS SPACE FO	R FEDERAL OR	STATE OFFICE USE			
Approved by (Signature) S			Name (Printed/Typed)		പ്പ് Multi-Resources	
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c	il or equitable title to those rights.	does not warrant or in the subject lease	Office		FEB 1 7 2004	

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.