

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir
Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Synergy Operating, LLC

OGRID # 163458

3. Address and Telephone No.

PO Box 5513 (505) 325-5449
Farmington, NM 87499

4. Location of Well (Footage, Sec, T, R., M, or Survey Description)

Unit E, 1485' FNL & 793' FWL, Sec 20, T29N, R04W

5. Lease Designation and Serial No.

3 NMNM-18319

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Conoco 29-4 # 7

9. API Well No.

30-039-208095

10. Field and Pool, or Exploratory

Gobernador Pictured Cliffs

11. County or Parish, State

Rio Arriba County
New Mexico

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☒ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other (NAME CHANGE)

- ☐ Change of Plans
☒ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well
Completion or recompletion Report and Log Form)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including, estimated date of starting work.

If well is directionally drilled give subsurface locations and measured and true vertical depths for all markers and zones of pertinent to this work.

SYNERGY OPERATING, LLC HAS PERMANENTLY ABANDONED THE PICTURED CLIFFS FORMATION AND SQUEEZED A CASING FAILURE IN THE 7" CASING. EACH SQUEEZE WAS DRILLED OUT AND PRESSURE TESTED 500 PSI.

IN ORDER TO PREVENT CONFUSION GOING FORWARD, SYNERGY REQUESTS A NAME CHANGE FOR THE SUBJECT WELL.

THE MESAVERDE FORMATION WILL REPRESENT THE NEW NAME AS FOLLOWS:

NEW NAME: 29-4 CARSON 20 # 7

OLD NAME: CONOCO 29-4 # 7

PLEASE MAKE THIS NAME CHANGE EFFECTIVE JUNE 1, 2004.

MESAVERDE ACREAGE BLOCK FOR DEDICATION WILL BE THE NORTH HALF OF SECTION 20, PER THE ATTACHED ACREAGE DEDICATION PLAT.

THIS WELLBORE WAS ORIGINALLY COMPLETED IN THE CLIFFHOUSE INTERVAL OF THE MESAVERDE AND TEMP ABANDONED.

14. I hereby certify that the foregoing is true and correct

Signed: Thomas E. Mullins

Title: Engineering Manager

Date: 06-01-2004

This space for federal or state office use

Approved by: _____
Conditions of approval if any

Title: _____ Date: _____

OPERATOR

District I
1625 N. French Dr., Hobbs, NM 88240
District II
13 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised June 10, 2003
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-039-20809	² Pool Code 72319	³ Pool Name Blanco Mesaverde (Gas)
⁴ Property Code	⁵ Property Name 29-4 Carson 20	⁶ Well Number 7
⁷ OGRID No. 163458	⁸ Operator Name Synergy Operating, LLC	⁹ Elevation 6565.0'

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	20	29N	4W		1485'	FNL	793'	FWL	Rio Arriba

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Dedicated Acres 320	¹³ Joint or Infill No	¹⁴ Consolidation Code	¹⁵ Order No. North Half
---	--	----------------------------------	--

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	<p>17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>[Signature]</i> Signature</p> <p>Thomas E. Mullins Printed Name</p> <p>Engineering Manager (tom.mullins@synergyoperating.com) Title and E-mail Address</p> <p>June 1, 2004 Date</p>

