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Form 3160-5

UNITED STATES DEPARTMENT OF THE INTERIOR RUPEAU OF LAND MANAGEMENT

APR 0 4 2017

FORM APPROVED

Budget Bureau No. 1004-0135

BUREAU OF LAND MANAGEMENT Expires March 31, 1993 5. Lease Designation and Serial No. SUNDRY NOTICES AND REPORTS ON WELES Immington Field Office Do not use this form for proposals to drill or to deepen or reentify to a different reservoir a me NMNM013885 Use "APPLICATION FOR PERMIT -" for such proposals 6. If Indian, Allottee or Tribe Name SUBMIT IN TRIPLICATE 1. Type of Well 7. If Unit or CA, Agreement Designation Oil Well Gas Well Other **Federal** 8. Well Name and No. 2. Name of Operator Federal 29-12-24 #101 Synergy Operating, LLC 9. API Well No. 3. Address and Telephone No. 30-045-32852 P.O. Box 5513, Farmington, NM 87499 (505) 325-5449 10. Field and Pool, or Exploratory 4. Location of Well (Footage, Sec, T. R., M, or Survey Description) **Basin Fruitland Coal** 1955' FSL, 885' FWL, Sec 24, T29N-R12W (Unit Ltr : L) 11. County or Parish, State San Juan Co., NM 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandoment Change of Plans Recompletion **New Construction** Subsequent Report Non-Routine Fracturing Plugging Back Casing Repair Water Shut-Off Final Abandonment Notice Altering Casing Converion to Injection

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.

Mar 26, 2017: The subject well was returned to production at 9:00 AM, and produced 7 MCF the first day. The well had been shut-in previously due to uneconomic market conditions.

Other: Return to Production

Gas Transporter: Enterprise Field Services

Meter #: 86-098

ACCEPTED FOR RECORD

Dispose Water

Completion or recompletion Report and Log Form)

OIL CONS. DIV DIST. 3

APR 0 7 2017

ARMINGTON ARMINGTON BY:

14. I hereby certify that the foregoing is true and correct Signed:	Title: Operations Manager	Date: 3/31/2017
This space for federal or state office use		
Approved by: Conditions of approval if any	Title:	Date:
Fitte 18 U.S.C. Section 1001, make it a crime for any person knowingly and willfully to make to or representations as to any matter within its jurisdiction	o any department or agency of the United States any false, ficticious	s, or fraudulent statements